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CITY AND COUNTY OF THE CITY OF EXETER



EDUCATION COMMITTEE

# ANNUAL REPORT

UPON THE

## SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1955

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,  
PRINCIPAL  
SCHOOL MEDICAL OFFICER



*Acad 4.6.1956*

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## INDEX

	Page
Absence from School due to illness	45, 46
Adjustment Classes	33
Audiometry	29
B.C.G. Vaccination	49, 50, 51
Blind and Partially Sighted Children	34
Child Guidance Centre	34, 39, 40, 41, 42, 56
Cleanliness	22, 23
Deaf and Partially Deaf Children	34
Deaths	27
Delicate Children	34
Dental Service	18, 29, 30, 31, 57
Ear Diseases	17, 56
Education Committee	11
Educationally Sub-normal Children	32, 33, 34
Employment of School Children	31
Epileptic Children	34, 36
Handicapped Children	32, 33, 34
Hearing (Audiometry)	29
Heights and Weights	19, 20, 21, 22
Home Tuition	36
Hospital Reports	27
Infectious Diseases	44
Information to Parents	(See Appendix) 59
Introduction	5, 6, 7, 8, 9, 10
Mass Miniature Radiography	48, 49, 50, 51
Meals and Milk	14, 52, 53
Medical Inspection and Treatment	16, 17
Medical Reports (School Leavers)	36, 38,
Minor Ailments	18, 19
Nose and Throat Defects	27, 56
Nutrition	55
Orthopaedic and Postural Defects	56
Otorrhoea and Otitis Media	17, 27
Physically Handicapped Children	34, 35
Scabies	44
School Buildings	14, 15, 16
Skin Diseases	55

Index—*continued*

Speech Therapy	....	....	....	34, 42, 43
Staff	....	....	....	12
Statistics and General Information	....	....	....	13
Squint	....	....	....	17
Tables (For Ministry of Education)	....	53, 54, 55, 56, 57	....	
Transport	....	....	....	37
Teachers	....	....	....	36
Tonsils and Adenoids	....	....	....	27
Tuberculosis	....	....	....	47, 48, 49
Vaccination (Small Pox)	....	....	....	28
Vision (Including Six Year Olds)	....	....	....	23, 24, 25
Vision (Colour Vision)	....	....	....	25, 26
Weights and Heights	....	....	....	19, 20, 21, 22

SCHOOL HEALTH DEPARTMENT,  
1A, SOUTHERNHAY WEST,  
EXETER.

March 1956.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to report on the health of the school children in the city, and on the work of the School Health Department in 1955.

"THE BULGE"  
(Page 13)

The number of school children in the maintained schools increased by 320, the total now being over 10,300 the greatest number yet in our schools. "The Bulge," whilst still evident in the junior schools, is now also affecting the secondary schools; a slight decline in numbers occurred in the infant schools.

GENERAL HEALTH,  
PHYSIQUE—  
(Pages 16-22)

The health of the children as shewn at both periodic and special inspections was quite satisfactory. Only in 26 children (0.7%) was the general condition regarded as unsatisfactory. A comparison has been made of the physique as measured by heights and weights of Exeter school children of today and of those of 40 years ago. Broadly speaking the younger children are equivalent in these respects to children of that former generation when a year older: this advantage is more marked still in the older groups where it corresponds roughly to eighteen months in age; the boys in particular seem to score, at 14 years being almost 2 stone heavier and  $3\frac{1}{2}$  inches taller than those of a more or less comparable group (though smaller numerically) described in the city school medical officer's report for 1915.

NUTRITION—  
MILK AND MEALS.  
(Pages 52-55)

Good inheritance and good nutrition are the foundation stones of health. The nutritional state of the children in the city is good. This is important in regard to resistance to disease, not least, tuberculosis. Whilst I do not advocate school meals as a routine, since meals at home, if properly prepared and served and of adequate nutritive value, are socially more desirable than school meals, it has to be stated that for very many children the school meals service, which was initiated in a big way during the war, has proved a veritable godsend. School meals, school milk, and vitamins for expectant mothers and infants, all at cheap rates or free, have played a most notable part in the nutritional improvement in children so evident during the last 20 years. The percentage of children dining in the schools varies from



15% (St. Mary Arches and St. Thomas Infants' Schools) to 76% (Boys' Secondary Technical School). This last, together with St. Nicholas R.C. J.M. & I. School (67%) and Bishop Blackall Grammar School (64%) all admit children from long distances. Miss Cusworth (School Meals Organiser) tells me that the percentage of secondary school children taking meals is increasing. The proportion taking meals in any school depends on the distance away from school at which the children live, on the domestic habits, (e.g. whether the father takes his mid-day meal at home or not) on cost-of-living changes making school meals a more or less desirable service from the financial point of view and, of course, on the quality and quantity of the meals provided. Officers of the Ministry of Education made a special report during the year to the Authority on the school meals service in the city. Naturally, more children drink school milk than take school meals. Whereas 98% of the junior and infant children have it, rather less than 75% of the seniors do so, and this figure is only reached because a much bigger proportion of the senior boys drink school milk. It is somewhat surprising to find a comparatively poor take-up of milk in the girls' secondary schools: in some of them less than half the girls are taking milk. This is attributable probably to adolescent concern about their figures—a concern which though understandable is not well justified. I believe that in America they sell skim milk as "slim milk" but I would regard this as very unsatisfactory for growing girls. The Education Authority have fortunately not felt compelled to introduce milk in tablet form as a replacement for liquid milk, as has happened in so many areas.

INFECTIOUS  
DISEASE  
(Pages 44-46)

Measles was prevalent, whooping cough was less prevalent than in 1954 and notified dysentery was almost non-existent. Poliomyelitis was not severe. Tuberculosis, was however found in 11 children: of course, the more zealous the search the more likely we are to find the cases, fortunately at an earlier stage. Details of 3 special school surveys in relation to tuberculosis are set out in the report.

PREVENTION OF  
TUBERCULOSIS.  
(Pages 48-51)

B.C.G. vaccination was applied to 722 school children in the 13-14 year group. The parents' response was not quite so good as in 1954 but it was still high at 79% acceptance. A reversion rate of 4% in one year to a tuberculin negative state is recorded in the section of the report dealing with the retesting of children given B.C.G. vaccination in 1954 and who had been tuberculin positive after the vaccination. This is not entirely satisfactory and so far the reasons for it have not been elucidated. Now is the time to finish off tuberculosis if we possibly can. The City Council have always been anxious to do everything possible to eliminate the disease. With money, enterprise, energy, and the co-operation of parents and teachers, very much can be done.



DEATHS  
(Page 27)

Three children of school age died during the year, one from an accident.

PERIODICAL  
INSPECTIONS.  
(Pages 16 & 53—54)

Just over 1 in 5 of the children examined at the periodic examinations required treatment for defects discovered but very many of the defects found were of quite a minor character. These examinations are made soon after school entry, on entry to junior school at 8 years old, on entry to secondary school at 11 years old, and during the last school year, normally the fifteenth year ; grammar school children are normally examined in their sixteenth year and, if remaining on, also in their last year at school. Parents attended well for periodic inspections ; almost every infant was accompanied by a parent ; as might be expected, fewer (less than 1 in 2), of the senior children were accompanied by a parent.

DENTAL SERVICE.  
(Pages 29—31 & 57)

The dental service has suffered grievously this year : Mr. W. Crofts Arkle, the principal dental officer, became seriously ill in October. I am grieved to have to record his untimely death in March, 1956. He was a most enthusiastic officer who worked exceedingly hard in the few years he was here on behalf of the school children with whom he was universally popular.

One of the dental officers, who was also well liked by the children, resigned in June for family reasons and we have not yet been able to replace him, though short term locums have helped out a little. These circumstances are reflected in the figures of work done. We had hoped, in fact, to extend the dental service—as is urgently necessary—and the Education Committee negotiated the purchase of St. Thomas Church Hall as a fourth dental surgery to serve the St. Thomas area. This is still in hand, and though the immediate prospects of securing staff are not good, I hope the clinic will be developed so that we can use it when the staff becomes available.

CLEANLINESS.  
(Pages 22—23 & 55)

Cleanliness, as related to freedom from verminous conditions continues to improve and only 2% of the children were found at any time to have nits or live vermin in the hair ; no body lice were found. Forty years ago, 16% of Exeter's school children shewed head infestations. Ringworm is another condition that was very prevalent forty years ago (96 cases in 1915) whereas in 1955 no cases were recorded and generally it is now rare.

VISION AND  
COLOUR VISION  
(Pages 23—26 & 56)

As in previous years, six-year old children were examined in relation to visual acuity. 48 of the 901 children examined were found to need spectacles. This is a useful procedure though it will be understood that some of these children "correct" in the course of time and may not always need to wear spectacles. During the year the Giles Archer Lantern was brought into use in a small way for re-testing

children found to have imperfect colour vision (by the Ishihara colour plate tests) at their medical examinations on entry to secondary schools.

**SPEECH THERAPY.**  
(Pages 42-43)

There is a large waiting list for speech therapy. It is more important to speak well than to write well, and it may soon be necessary to employ another therapist, either whole or part time.

**PART TIME  
EMPLOYMENT.**  
(Page 31)

The number of children medically examined re fitness for part time employment increased by 40% as compared with 1954 figures. I cannot do more at this stage than state the fact.

**HANDICAPPED  
PUPILS.**  
(Pages 32-35)

Of 607 children classified as handicapped in accordance with the regulations, 203 are educationally subnormal, 119 are maladjusted, 112 are delicate, 103 have speech defects, 37 are physically handicapped, and 1 epileptic: only 4 are blind and 3 deaf, 17 are partially sighted and 8 partially deaf. Securing special school accommodation for the educationally subnormal older girls who were also delinquent, though not necessarily very maladjusted, proved a difficult problem inasmuch as the Withycombe House School, formerly regarded as our main receiving centre for these children has refused to accept three such cases during the year despite all our efforts; it is causing us much anxiety. Adjustment classes, about which I have said a good deal in my last two reports, were continued in five schools and discontinued in one because of shortage of school space. In three other schools a class was begun—testimony to the faith the Committee, the teachers, and the school health and educational staffs have in the usefulness of such classes in remedying illiteracy and emotional disturbance in educationally subnormal children.

It is perhaps worth noting that the beginnings of the School Health Service were related (in the 1890's) to the medical and educational care of severely handicapped children, the blind and the deaf, rather than to the welfare of the children without disabilities. It was the revelation of the poor health and physique of the service recruits during the Boer War that focused public interest on medical supervision of school children as a means of securing a healthier race. Later the emphasis shifted somewhat so that school medical work was designed to fit the child for his education—so that money spent on education would not be wasted. This was particularly noticeable in respect for example, of free meals which were limited to children shewing substantial evidence of malnutrition, and were not given as a preventive of ill health. Today, we are clearly out to fit the children as far as public service can do it—and the parents are more important than we are in this

matter though often they lack the means and knowledge to secure it—to live a good life, free from bodily and mental defect or disease. Today we are concerned with all the children and not primarily or even mainly with those suffering from serious disease or disability.

Co-OPERATION  
(Pages 27 & 36--37)

Co-operation with the hospital consultants (particularly the paediatrician, Dr. F. S. W. Brimblecombe) continues most satisfactorily and we get a good deal of valuable information about the school children in this way. We are always willing to give to the hospitals any information that is available to us and efforts have been made to provide information to the general practitioners about school leavers whose health or handicaps might require further supervision and medical care. The family doctors help us in many ways.

INFORMATION TO  
PARENTS.  
(See Appendix).

A letter, setting out details of the services available is given to the parents of all children on entering the infant school. As this may be of general interest, it is shewn as an appendix.

STAFF.  
(Page 12)

Dr. G. P. McLauchlan came in place of Dr. J. H. Whittles who became Deputy County Medical Officer for Wiltshire. Dr. McLauchlan attended the approved course on educationally subnormal children and mental defectives in May and he has now been approved by the Minister of Education for the ascertainment of educationally subnormal pupils. Other staff changes are recorded in succeeding pages. The only serious staff problem is that of securing school dental officers.

ACKNOWLEDGMENTS.

It only remains to thank all my staff for their loyal help during the year, and especially Dr. Jessie Smith (senior school medical officer) who has known the children and their parents for so long and has an experience of unusual value, and also Mr. W. H. Stamp (senior clerk of the section) who has helped greatly in preparing this report and generally throughout the year.

The head masters and head mistresses have been most co-operative and such success as we can claim is due in no small part to their helpfulness. The parents have always been interested in their children, as we would expect, and they appreciate the help the School Health Service can give.

Finally, I must express my personal appreciation of the way in which Mr. G. A. Tue, the Director of Education, has always supported the work of the School Health Department. It has been a pleasure to work with him and we of the School Health Department as well as so many others

wish him very well in his retirement, effective this year (1956).

The Education Committee have always adopted a progressive outlook on the medical care of the school children, whose welfare is their special charge. My department is proud to be an instrument of national and local policies intended to make school children happier and healthier—a credit to the nation.

I am,

Your obedient servant,

E. D. IRVINE.



**EXETER EDUCATION COMMITTEE.**

(as constituted on 31st December, 1955).

*Chairman—*

Alderman VINCENT THOMPSON, O.B.E.

*Deputy Chairman—*

Alderman W. G. DAW.

*Committee—**The R.W. The Mayor—*

(Alderman G. J. GREENSLADE)

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Alderman A. S. Powley.	Councillor N. S. Ruddick.
Councillor H. T. Ackroyd.	Councillor E. Russell.
Councillor P. F. Brooks.	Councillor Miss D.G. Saunders.
Councillor J. Coombes.	Councillor J. H. Speller.
Councillor J. G. Gater.	Councillor P. A. Spoerer.
Councillor W. J. Hallett.	Councillor Mrs. F. M. Vining.
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Councillor F. J. Purton.	

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Mrs. R. M. A. Hodge.	

G. A. TUE, M.A.,  
Director of Education.

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,  
Principal School Medical Officer.

## STAFF OF THE SCHOOL HEALTH DEPARTMENT.

<b>Principal Sch. Med. Officer &amp; Medical Officer of Health</b>	EDWARD D. IRVINE, M.D. (LIV.), M.R.C.S., L.R.C.P., D.P.H.
<b>Senior Sch. Medical Officer</b>	JESSIE SMITH, M.B. (LEEDS), CH.B., D.P.H.
<b>School Medical Officers ..</b>	JAMES H. WHITTLES, T.D. M.D. (LOND.), B.SC., M.R.C.S., L.R.C.P., D.P.H. ALSO DEPUTY M.O.H. (Resigned 28.1.55). GEORGE P. McLAUCHLAN, M.B., CH.B., (EDIN.) D.C.H., D.P.H., ALSO DEPUTY M.O.H. (Ap- pointed 7.3.55). IRIS V. I. WARD, M.D. (LOND.), M.R.C.S., L.R.C.P., D.C.H.
<b>Principal Dental Officer ..</b>	WILLIAM CROFTS ARKLE, L.D.S. (GLASG.).
<b>Dental Officers .. ..</b>	MARTIN RADFORD, B.A., L.D.S., R.C.S. (ENG.). (Resigned 30.6.55). JAMES B. CLARK, L.D.S., R.C.S. (EDIN.). GAINSFORD REED, L.D.S., (Temporary), 5.9.55 to 8.10.55. RONALD O. BORGARS, L.D.S., (Temporary), 16.12.55 to 14.1.56.
<b>Child Guidance Centre ..</b>	HARDY S. GAUSSEN, M.R.C.S. (LOND.), L.R.C.P., Psychiatrist (part-time). MRS. E. LEWIS, M.A. (OXON), M.ED. (BIRM.), Educational Psychologist (part-time). MISS K. HUNT, B.A., (LEEDS), Psychiatric Social Worker.
<b>Speech Therapist .. ..</b>	MISS M. A. MCGOVERN, L.C.S.T. (Resigned, 12.11.55). (Part-time from 21.11.55 to 17.12.55).
<b>Superintendent Sch. Nurse (Also Supt. Health Visitor)</b>	MISS A. C. ATKINSON.
<b>School Nurses .. .. (Also Health Visitors)</b>	MISS A. E. EDDIS. MISS N. E. SMITH, (Resigned 31.1.55). MISS L. E. WATHEN. MISS M. L. BARRETT. MISS G. M. BASTOW. MRS. K. DUNHAM. MRS. E. STANNARD. MISS H. M. SHEWAN. MRS. G. M. TIPPER. MISS B. HILL, (Appointed 25.4.55).
<b>Temporary School Nurses (Part-time)</b>	MRS. D. M. WAKELY. MRS. K. A. ATKINS.
<b>Temporary Clinic Nurses .. (Part-time)</b>	MRS. T. S. TILLER. MRS. M. A. MACNAMARA. MRS. E. PYLE. MRS. B. P. TAYLOR, (Resigned 12.3.55). MRS. B. M. SHORLAND, (Appointed 7.3.55).
<b>Dental Attendants ..</b>	MISS E. I. ROSE. MISS A. M. SNOWDEN. MRS. G. COOMB, (Until 31.12.55).
<b>Clerks .. ..</b>	MR. W. H. STAMP, (Clerk-in-Charge). MRS. S. M. SMITH. MISS J. SHERE. MRS. J. L. WATTS. MISS J. J. MILLER, (Temporary). MISS M. A. FENWICK (Dental). MRS. P. I. GOSS, (Child Guidance Centre). (Resigned 31.10.55). MRS. LOVERING, (Child Guidance Centre), (Appointed 31.10.55 until 31.12.55).

## STATISTICS AND GENERAL INFORMATION.

POPULATION OF CITY (MID-YEAR 1954) .... 76,900

POPULATION (CITY) BETWEEN 5 AND 15 YEARS  
(MID-YEAR 1955) APPROX. .... 11,500

POPULATION OF MAINTAINED SCHOOLS AS AT  
20TH JANUARY, 1956 .... 10,306

NUMBER OF MAINTAINED SCHOOLS .... 37

PUPILS			SCHOOLS	
Boys	Girls	Total	Department	Number
21	19	40	Nursery ....	1
1,178	1,158	2,336	Infants ....	16
2,203	1,991	4,194	Junior ....	16
1,258	1,203	2,461	Secondary Modern ....	8
249	—	249	Secondary Technical	1
495	511	1,006	Secondary Grammar	2
10	10	20	Hospital Special School (Honeylands) ....	1
5,414	4,892	10,306	TOTALS ....	45

Those schools having both infants and juniors have been counted as having two departments.

For the first time the school population has reached 5 figures, 10,306, an increase of 320 over the figure for the previous year. As is well known, this is due to the post-war increase in the birth rate. The so called "bulge" is ceasing to affect the infant schools but is now affecting junior and secondary schools of all kinds.



### SCHOOL BUILDINGS.

I am indebted to the City Architect (Mr. H. B. Rowe) for the following notes on work carried out by his department in the schools during 1955.

#### (a) School Meals Service.

Internal decorations were carried out to the kitchen and dining hall at Summerway Junior Mixed School ; the Infants' and Junior Girls' dining halls at Bradley Rowe Schools ; the dining room at Montgomery Junior Girls' School and the scullery-servery at Central School.

#### (b) Alterations.

Apparatus for the supply of warm water for washing of hands was provided at Montgomery Junior Girls' and Infants' School and improvements were carried out to the electric lighting installation.

Three overhead gas heaters were installed at St. Mary Arches Infants' School.

The electric lighting installation in the junior hall at Holloway Street Junior Girls' and Infants' School was improved.

Apparatus for the supply of warm water for hand washing was provided at Bradley Rowe Infants' School for the use of the staff and visiting medical officer.

Similar provision was made at Bradley Rowe Junior Boys' and Bradley Rowe Junior Girls' Schools for the use of children and staff.

At Bradley Rowe Junior Girls' School a sink was provided in the room used by the ' adjustment ' class.

A sink was provided in the art room at Ladysmith Junior Mixed School ; new wood block floors were laid in two classrooms ; the electric lighting to the ground floor hall was improved and a supply of warm water was provided for the use of children and staff.

At Exwick Junior Mixed and Infants' School a large high level window was inserted to admit sunlight to two rather dark and sunless classrooms. New block flooring was laid in three classrooms to replace those very badly worn.

The natural lighting to two classrooms at Cowick Street Infants' School was improved by the addition of high level windows.

The open urinals at John Stocker Junior Boys' School were roofed over.

Improvements to the natural lighting and ventilation to some classrooms at Newtown Junior Mixed and Infants' School were carried out and the electric lighting also improved.

A brick built extension was added at Central Junior Mixed and Infants' School to provide infants' lavatory accommodation in lieu of that provided in an old detached timber building.

At St. Thomas Girls' Secondary Modern School improvements were made to the electric lighting of the assembly hall, and seats were provided in the playground.

Warm water for hand-washing was provided at St. James Girls' Secondary Modern School, and seats were provided in the playground.

Additional hot water radiators were fixed in the art, wood-work and science rooms at Episcopal Boys' Secondary Modern School, and three wash-hand basins were added in the ground floor cloakroom.

A suite of old disused infants' lavatories were removed from a corner of the playground at Episcopal Girls' Secondary Modern School and the play area extended.

Provision for the drying of clothes was made at the Boys' Secondary Technical School at Quarry Lane and a new service pipe was laid to a water main recently laid in the by-pass road.

The electrical installation at Ladysmith Boys' Secondary Modern School was renewed and amendments to the domestic hot water installation carried out.

The badly worn treads of the main staircase at Bishop Blackall School were resurfaced.

Lavatory accommodation and a covered cycle shed were provided at the department of printing—College of Art (Burnthouse Lane).

A room was adapted as a bathroom for instructional purposes at the Central Technical College premises, Bartholomew Street.

### (c) **Internal Decorations.**

- (i) Internal decorations of a major character were carried out at the following schools :—

Cowick Street Infants'.  
 St. Thomas Infants'.  
 Montgomery Junior Girls' and Infants'.  
 Exwick Junior Mixed and Infants'.  
 St. Nicholas Junior Mixed and Infants'.  
 Bradley Rowe Infants'.  
 Bradley Rowe Junior Boys'.  
 Whipton Infants'.  
 Summerway Junior Mixed.  
 John Stocker Boys' Secondary Modern.  
 St. Thomas Girls' Secondary Modern.  
 Episcopal Boys' Secondary Modern.  
 Ladysmith Boys' Secondary Modern.  
 Hele's.  
 Bishop Blackall.  
 Central Technical College.

- (ii) Internal decorations were carried out at eight other schools or properties controlled by the Education Committee.

It will be observed from the report from the City Architect that quite a number of minor improvements in the schools were made during 1955. These are very important to the comfort of the children in the older schools.

During the year, attention was drawn inter-alia to the absence of warm water for hand-washing at St. Mary Arches Infants' and St. Nicholas Junior Mixed and Infants' Schools; ventilation in the adjustment class at Heavitree Junior Mixed School, also in certain classrooms at St. Nicholas School; defective natural lighting at St. David's Junior Mixed School and St. Nicholas School.

The use of overhead gas heaters is not entirely satisfactory.

The lack of medical rooms is a handicap, and it always surprises me that the Ministry of Education does not insist on a medical room, or a room which could be made available in infants' schools, where medical examination is more continuous than in the junior and secondary schools. However, it is only right to say that the City Council have done a good deal in the way of minor work in the old schools, and also only right to say that the children in the old schools deserve as much in the way of comfort as the children in the most up-to-date schools; it is fortunate for them that the quality of the teachers is more important than the buildings in which the teaching is done.

## **MEDICAL INSPECTION AND TREATMENT.**

### **Inspections.**

In a total school population of 10,306 the periodic examinations numbered 3,674 and other medical examinations 2,978. Parents were present at 2,772 (75%) of the complete examinations (see table overleaf). Parents are not normally invited to be present at the re-examinations but are occasionally invited to the special examinations; these attendances are not, however, recorded for statistical purposes. 684 children (approximately 1 in 5 of those examined at the periodic inspections) were found to require treatment for some defect other than dental disease which is common, or verminous conditions which are rare.

The general condition of the children remains satisfactory, 99.3% having been classified as good or fair by the doctors. The slight variation as compared with 98% last year can, however, be probably attributed to a change in the medical staff responsible for the assessment. The relative reduction in those classified as unsatisfactory is obviously more marked (0.7% compared with 2%) but the same caution must be applied in its interpretation. From January 1st, 1956, the classification will simply be "Satisfactory" and "Unsatisfactory" and not as up to now in 3 groups (good, fair and poor). I think the new system is probably more useful. Careful following up of those classified as "Unsatisfactory" will be undertaken now, in accordance with the Ministry's request.

TABLE SHEWING PARENTS' ATTENDANCES AT COMPLETE EXAMINATIONS.

AGE GROUP	No. of Children examined.	No. of Parents present.	Percentage
PERIODIC ..... (5 year olds)	876	841	96%
OTHER PERIODICS ..... (8 year olds)	693	605	87%
PERIODIC ..... (11 & 12 year olds)	1,056	781	74%
PERIODIC ..... (14 year olds)	459	213	46%
OTHER PERIODICS ..... (15 year olds)	252	86	34%
PERIODIC ..... (17 year olds)	79	31	39%
SPECIALS—ALL AGES (Complete)	259	215	82%
TOTAL .....	3,674	2,772	75%

OTITIS MEDIA was found in substantially fewer children than in the previous year ; 19 children (about 1 in 200 of those examined at periodic and special complete examinations) were found to have otitis media (running ears) ; 5 were referred for treatment, the remaining 14 cases being kept under observation. 77 children were referred for treatment of nose and throat defects, whilst a further 245 children are being kept under observation.

	No. of children med. examd.	1954				No. of children med. examd.	1955			
		SQUINT		OTITIS MEDIA			SQUINT		OTITIS MEDIA	
		*T	†O	*T	†O		*T	†O	*T	†O
Entrants ...	930	9	21	3	5	876	—	7	3	3
2nd Age Group ...	741	1	10	1	2	1,056	—	4	1	9
3rd Age Group ...	773	—	1	1	2	538	—	1	—	1
Other Periodics ...	914	2	9	6	4	1,204	—	7	1	1
Specials ...	1,935	2	2	7	2	1,238	—	—	—	—
TOTAL ...	5,293	14	43	18	15	4,912	—	19	5	14

\*Referred for Treatment

†Referred for Observation



It has been suggested that squint and otitis media are more common now than in the recent past ; our figures are too small to draw any useful inferences, but as far as they go, they shew quite a decrease.

Further details are given in Table II at the end of this report.

### Treatment.

The location of the school clinics and the attendances were as follows :—

<b>Minor Ailments.</b>	1953	1954	1955
Central Clinic, 1A Southernhay West ....	3,976	3,480	2,628
Western Clinic, Buddle Lane Community Centre, Merrivale Road ....	2,212	1,606	854
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road ....	3,361	3,093	3,068
Whipton Health Clinic ....	1,039	1,931	1,548
Stoke Hill Clinic .....	—	426	2,629
<b>TOTALS</b> ....	<b>10,588</b>	<b>10,536</b>	<b>10,727</b>

<b>Dental Clinics</b>	1953	1954	1955
Central Clinic, 1A Southernhay West ....	8,077	6,213	4,762
Whipton Health Clinic ....	1,921	2,717	2,273
<b>TOTALS</b> ...	<b>9,998</b>	<b>8 930</b>	<b>7,035</b>

The central school clinic and the dental clinics are open every week-day (excluding public holidays) all the year round. The branch clinics are open every school-day during the terms.

The overall attendances at the clinics increased slightly during the year though the number of children was slightly less than in 1954. The Stoke Hill Clinic which is in the junior school, serves that and the neighbouring Infants' school and was open throughout the school year.

I am rather surprised that minor ailments continue to be treated on this scale, but it can only be ascribed to decentralization which makes attendance easier and also reduces the loss of school time. The minor ailment centres must relieve the strain on the family doctors, and they will justify themselves.

**TABLE SHOWING THE INCIDENCE OF " MINOR AILMENTS "**  
**DURING 1955.**

DEFECT	Central	Eastern	Western	Northern	Stoke Hill	Grand Total
Ringworm : Scalp ....	—	—	—	—	—	—
Body ....	—	—	—	—	—	—
Eye Defects (incl. visual errors etc.)	41	93	16	21	33	204
Ear Defects (incl. wax, otorrhea, etc.)	149	46	23	47	27	292
Nose and throat defects	33	11	6	13	8	71
Impetigo ....	2	9	—	5	2	18
Warts : Plantar ....	21	7	2	1	1	32
Other ....	48	44	10	34	15	151
Other skin conditions ...	154	54	6	47	22	283
Miscellaneous (Minor Injuries, etc.) ....	309	372	139	181	331	1,332
Total number of individual children ....	757	636	202	349	439	2,383
Total number of attendances ....	2,628	3,068	854	1,548	2,629	10,727
Total number of sessions ...	304	197	197	197	197	1,092

When a child has been treated at the one time for more than one defect the more important has been listed.

### HEIGHTS AND WEIGHTS.

#### BOYS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER BOYS									
Age		Height in inches	Age	No Exam- ined in 1955	Average Height in Inches							
					1955	1954	1953	1952	1951			
5	(4½-5½)	yrs.	5	449	43.7	43.1	43.4	43.2	44.0			
6	(5½-6½)	„										
7	(6½-7½)	„										
8	(7½-8½)	„										
9	(8½-9½)	„	8	363	50.4	50.3	50.2	50.0	50.1			
10	(9½-10½)	„										
11	(10½-11½)	„										
13	(12½-13½)	„										
14	(13½-14½)	„	11	361	56.5	56.7	55.9	56.2	55.8			
		12								(12-13)	„	
		14								(14-15)	„	
		15								(15-16)	„	
		17								(17-18)	„	
			Age	No. Exam- ined in 1915	Average Height in Inches							
					1915	1914	1913	1912	1911			
HEIGHTS OF EXETER BOYS 40 YEARS AGO :			5	(5-6)	yrs.	94	42	42	42	41	40	
			6	(6-7)	„	82	41	43	43	41	44	
			7	(7-8)	„	120	45	45	45	45	45	
			8	(8-9)	„	103	46	47	46	47	45	
			9	(9-10)	„	49	51	51	49	48	50	
			10	(10-11)	„	32	52	52	51	51	51	
			11	(11-12)	„	28	53	53	53	54	53	
			12	(12-13)	„	160	57	59	55	56	55	
			13	(13-14)	„	103	61	62	57	57	56	
			14	(14-15)	„	18	58	59	58	58	59	
			15	(15-16)	„	4	59	58	—	—	59	

## BOYS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)				EXETER BOYS								
Age			Weight in pounds	Age		No. Exam- ined in 1955	Average Weight in Pounds					
							1955	1954	1953	1952	1951	
5	(4½-5½)	yrs.	38.7	5	(5-6)	yrs.	449	44.0	42.7	44.0	44.2	44.6
6	(5½-6½)	"	41.3									
7	(6½-7½)	"	45.4									
8	(7½-8½)	"	51.0	8	(8-9)	"	363	60.7	60.2	59.7	59.3	59.5
9	(8½-9½)	"	54.8									
10	(9½-10½)	"	59.6									
11	(10½-11½)	"	64.6	11	(11-12)	"	361	81.9	80.7	79.6	80.8	79.0
13	(12½-13½)	"	76.5	12	(12-13)	"	233	85.1	86.7	—	—	—
14	(13½-14½)	"	86.1	14	(14-15)	"	181	115.4	109.7	109.4	111.0	108.0
				15	(15-16)	"	131	128.8	127.7	126.2	128.3	128.0
				17	(17-18)	"	42	144.5	147.0	147.0	146.6	—
				Age		No. Exam- ined in 1915	Average Weight in Pounds					
							1915	1914	1913	1912	1911	
WEIGHTS OF EXETER BOYS 40 YEARS AGO :				5	(5-6)	yrs.	94	41	41	40	39	38
				6	(6-7)	"	82	45	44	43	44	42
				7	(7-8)	"	120	47	48	48	48	47
				8	(8-9)	"	103	52	52	51	52	50
				9	(9-10)	"	49	59	60	57	55	57
				10	(10-11)	"	32	61	60	61	61	61
				11	(11-12)	"	28	67	67	68	68	66
				12	(12-13)	"	160	73	72	73	75	73
				13	(13-14)	"	103	81	80	80	80	78
				14	(14-15)	"	18	88	87	82	81	87
				15	(15-16)	"	4	101	101	—	—	97

## GIRLS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)				EXETER GIRLS								
Age			Height in inches	Age			No. Exam- ined in 1955	Average Height in Inches				
								1955	1954	1953	1952	1951
5	(4½-5½)	yrs.	41.1	5	(5-6)	yrs.	427	43.3	42.5	42.9	42.7	42.8
6	(5½-6½)	"	42.8									
7	(6½-7½)	"	45.1									
8	(7½-8½)	"	47.5	8	(8-9)	"	330	50.1	49.8	50.0	49.7	49.3
9	(8½-9½)	"	48.9									
10	(9½-10½)	"	51.2									
11	(10½-11½)	"	52.8	11	(11-12)	"	334	57.2	56.9	56.7	56.7	56.5
13	(12½-13½)	"	56.9	12	(12-13)	"	128	58.3	58.6	—	—	—
14	(13½-14½)	"	58.9	14	(14-15)	"	278	62.1	61.9	61.8	61.6	62.3
				15	(15-16)	"	121	63.6	63.6	63.5	63.1	62.6
				17	(17-18)	"	37	64.2	63.9	64.0	63.8	—
				Age			No. Exam- ined in 1915	Average Height in Inches				
								1915	1914	1913	1912	1911
HEIGHTS OF EXETER GIRLS 40 YEARS AGO :				5	(5-6)	yrs.	109	42	42	41	41	41
				6	(6-7)	"	90	43	44	43	42	43
				7	(7-8)	"	96	46	47	45	45	45
				8	(8-9)	"	97	48	48	47	46	49
				9	(9-10)	"	80	50	50	51	50	49
				10	(10-11)	"	60	52	51	52	50	52
				11	(11-12)	"	42	54	54	53	54	53
				12	(12-13)	"	228	57	55	55	55	57
				13	(13-14)	"	132	58	58	57	59	57
				14	(14-15)	"	27	59	59	59	60	60
				15	(15-16)	"	5	—	60	—	—	—



## GIRLS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER GIRLS							
Age		Weight in pounds	Age	No. Exam- ined in 1955	Average Weight in Pounds					
					1955	1954	1953	1952	1951	
5	(4½-5½) yrs.	37.5	5	(5-6) yrs.	427	42.5	41.8	42.6	42.7	
6	(5½-6½) "	40.1							43.2	
7	(6½-7½) "	44.4								
8	(7½-8½) "	49.1	8	(8-9) yrs.	330	59.5	58.3	58.4	57.4	
9	(8½-9½) "	52.6								
10	(9½-10½) "	59.8								
11	(10½-11½) "	63.9	11	(11-12) "	334	85.3	82.8	82.6	78.9	
12	(11½-12½) "	79.0	12	(12-13) "	128	89.4	90.7	—	—	
13	(12½-13½) "	88.2	14	(14-15) "	278	112.1	111.2	110.5	110.3	
14	(13½-14½) "		15	(15-16) "	121	123.2	124.8	120.7	112.4	
			17	(17-18) "	37	130.5	129.5	129.3	115.3	
								123.1	115.7	
									—	
			Age	No. Exam- ined in 1915	Average Weight in Pounds					
					1915	1914	1913	1912	1911	
WEIGHTS OF EXETER GIRLS 40 YEARS AGO :			5	(5-6) yrs.	109	40	39	40	39	37
			6	(6-7) "	90	42	41	43	43	45
			7	(7-8) "	96	49	49	47	46	46
			8	(8-9) "	97	52	52	50	49	49
			9	(9-10) "	80	57	58	56	56	55
			10	(10-11) "	60	64	62	64	63	61
			11	(11-12) "	42	70	70	69	69	66
			12	(12-13) "	228	74	69	73	74	76
			13	(13-14) "	132	83	83	82	84	81
			14	(14-15) "	27	91	90	92	93	88
			15	(15-16) "	5	96	94	—	—	—

**AVERAGE HEIGHTS AND WEIGHTS OF EXETER SCHOOL  
CHILDREN OVER A PERIOD OF FIVE YEARS — 1911 to  
1915 and 1951 to 1955.**

HEIGHTS				BOYS				WEIGHTS			
Age			1911 to 1915	1951 to 1955	Increase in inches	Age			1911 to 1915	1951 to 1955	Increase in lbs.
5	(5-6)	yrs.	41.4	43.5	2.1	5	(5-6)	yrs.	40.0	43.9	3.9
8	(8-9)	"	46.2	50.2	4.0	8	(8-9)	"	51.4	59.9	8.5
11	(11-12)	"	53.2	56.2	3.0	11	(11-12)	"	67.2	80.4	13.2
14	(14-15)	"	58.4	62.9	4.5	14	(14-15)	"	85.0	110.7	25.7

HEIGHTS				GIRLS				WEIGHTS			
Age			1911 to 1915	1951 to 1955	Increase in inches	Age			1911 to 1915	1951 to 1955	Increase in lbs.
5	(5-6)	yrs.	41.4	42.8	1.4	5	(5-6)	yrs.	39.0	42.6	3.6
8	(8-9)	"	47.6	49.8	2.2	8	(8-9)	"	50.4	58.3	7.9
11	(11-12)	"	53.6	56.8	3.2	11	(11-12)	"	68.8	82.2	13.4
14	(14-15)	"	59.4	61.9	2.5	14	(14-15)	"	90.8	111.3	20.5

From the tables—contrasting the heights and weights of children of comparable ages 40 years ago and now—it is evident that the children of today have heights and weights of children one year older in those days. The older children (11 years onward) of today shew even greater increases in weight, being equivalent

to children about 18 months older in those days. Of course, this is a crude comparison, crude statistically because we are comparing averages and the numbers examined in each age group in the two periods vary substantially, secondly, height and weight are in themselves crude measures of health ; but it can be taken that increases do, *en masse*, reflect greatly improved nutrition which is very evident to all who have had long association with school children.

The increase in weight (average) ranges from 3 lbs. at the 5 year old level (in both boys and girls) to  $1\frac{1}{2}$  to 2 stone (girls and boys respectively) in the 14 year old groups.

Height measures which are more significant, increases being from  $1\frac{1}{2}$  to 2 inches in the girls and boys respectively at 5 years of age, whereas at 14 years of age the boys shew striking increases of  $4\frac{1}{2}$  inches, the girls only benefiting to the extent of  $2\frac{1}{2}$  inches.

Perhaps it is not a bad thing that the bigger boys are benefiting more than the girls as measured by these indices.

It is said that girls feet are increasing in size, but I have no factual evidence of this, certainly they are not compressed so badly in childhood as they used to be. We certainly hope children will, in Sir George Newman's words "grow as nature intended them to do," for we can well believe that beauty as well as function will best be served in that way.

There can be little doubt that better general living conditions for the working people in particular, together with family allowance, school meals and milk, physical education in schools, better community medical care for mothers and young children and the supervision by the school health service have all played their part in the notable improvement in the physique and health of the children.

**Cleanliness Examinations in Schools** are carried out by the nurses, under the arrangements outlined in my previous reports. Children known in their primary schools to have been frequently verminous are followed up in the secondary schools ; no action on this account was necessary during the year. All the girls in the girls' grammar school were again found to be clean.

The total number of children in the schools at the end of the year (estimated 20th January, 1956) was 10,306. The cleanliness examinations numbered 21,607 (slightly more than in 1954). The number of individual children found to have nits or vermin in the hair at these examinations was 205 (168 girls and 37 boys) giving an overall rate of 2% (3.4% among the girls and 0.7% among the boys). These findings are a further improvement on last year when 233 children (205 girls and 28 boys) out of a school population of 9,986 were found affected. Of the 205 children, 67 (56 girls and 11 boys) were found infested more than once (after allowing a reasonable interval for cleansing) during the year. This is exactly the same number so found last year. The overall result is most encouraging and reflects great credit on all concerned although it is to be regretted that the number of

boys found infested, both once and more than once, is higher than last year : the girls on the other hand showed improvement.

A single nit is regarded as making the child's head unclean. " Sacker " combs are available on loan and for sale at reduced prices ; supplies of preparations containing modern insecticides are provided free of charge. No compulsory cleansing was carried out under Section 54(3) of the Education Act, 1944, and no prosecutions were undertaken.

**TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS FOUND IN 1955 BY AGE GROUPS.**

<i>Age</i> (at 31.12.55).	HEADS FOUND UNCLEAN			
	ONCE		MORE THAN ONCE	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Under 5	1	1	2	3
5	4	5	3	4
6	4	8	2	9
7	1	13	3	20
8	3	10	1	4
9	4	20	—	4
10	3	12	—	2
11	6	12	—	6
12	1	10	—	1
13	—	8	—	3
14	—	11	—	—
15	—	2	—	—
TOTAL	27	112	11	56
TOTAL	205 = 2% of all school children.			

### VISION.

(By Dr. J. Smith, *Senior School Medical Officer*).

Visual acuity depends on the lens system of the eye ; parallel rays of light falling on the eye are, as it were, deflected (refracted) by the lens so that they focus on the retina itself at the back of the eye, the cells which are sensitive to light and from which the image is transmitted to the brain. The brain "corrects" the image on the retina which is in fact inverted. If the focal point for the parallel rays is in front of the retina or behind it, visual acuity is diminished. Muscular "accommodation" is brought into play when efforts are made to focus the light rays on the retina—with consequent fatigue and strain. The eye itself changes in size and especially length as the child grows and this affects the efficiency of the lens system. It is desirable to eliminate eye strain, shewn by headaches, sore eyes, blinking, frowning, rubbing the eyes, reading too close, etc. Of course, school conditions may be adverse even to normal eyes, e.g. poor light, glare, badly printed books, type too small, etc. By using spectacles the corrective lenses of which enable the light rays falling on the lens to be focused on the retina, instead of on a plane either in front of or behind the retina, eye strain can be relieved and the



acuity of sight improved. The use of spectacles will not alter the length of the eye or affect its growth; they do not correct the defect itself, but simply help the child to see better.

Some children with visual defects especially those due to myopia (short-sightedness) get worse as they grow especially during periods of rapid growth, e.g. at early adolescence occasionally visual acuity deteriorates markedly between 11 and 14 years of age. Others improve with increasing age.

All children in the primary schools have a routine vision test at 6 and at 8 years, in the secondary modern schools at 11 and 14 years, and in the grammar and technical schools at 11, 15 and 17 years. All these examinations, except of the 6 year olds, are made in relation to the periodic medical inspections. In addition, those who are under observation for visual defect or who have spectacles already are followed up at each medical inspection in the school. Cases of suspected defective eyesight are also referred by head teachers, school nurses, or parents, these children being seen during school medical inspections or in the school clinics. By arrangement with the West of England Eye Infirmary, almost all appointments in respect of school children are made by the school health department. Appointments are also made for children when the staff there wish to re-examine at stated intervals.

Distant vision testing is carried out by asking the child to read letters, or numbers, or describe objects or animals pictured in black type on a white background, and of size decreasing from what can normally be read at 60 metres to what can normally be read at 6 metres (approximately 20 feet). The white background should be illuminated without glare; the child stands 20 feet away and the vision of each eye is tested in turn. Near vision is tested by reading at about 12 inches distance black type of various sizes in the form of words.

Preliminary testing of vision is done in the schools by the school nurses and health visitors, prior to periodic medical inspections and at special sessions for the 6 year olds. This is very tiring and time consuming when the 6 year olds are being tested: many of the children lack concentration and some are not very responsive, and all three types of test-cards may have to be used: viz., shewing letters, numbers, or pictures, before any accurate estimate of the child's vision is obtained. In addition, with young children, it is necessary to have two people working together, one covering the child's eye and the other indicating the test types to be read. Other factors affecting the time taken over vision testing are the efficiency of the arrangements for marshalling the children and the size of the school.

The medical officers are responsible for referring children to the Eye Infirmary; the standard adopted for reference is: when distant vision is 6/12 in either eye or worse, when distant vision is 6/9 or better but there are signs of eye strain, or when near vision is poor. Borderline cases are kept under observation. The age of the child is also taken into consideration, as slightly defective vision at an early age may be of no consequence, whereas at a later age and when vision has been normal before it may be an indication of commencing myopia.

Only a very small proportion of children referred to them are found by the consultants not to require spectacles ; these are generally cases of suspected eye strain whose symptoms are due to other causes not elicited at the initial examination.

Conditions for eye testing in the schools vary considerably : sometimes they are definitely bad ; adverse circumstances include poor lighting, difficulty in obtaining the required distance for testing and the fact that cold and noisy corridors or cloakrooms have to be used ; or even in some cases testing has to be carried out in the open air. There is also the extra drawback that children are collected in groups to avoid waste of time and while waiting they tend to memorise the types. Until adequate arrangements for medical inspections are arranged in all schools many of these difficulties are bound to continue and it is disappointing that conditions are not always good even in the new schools.

### VISION EXAMINATION OF SIX YEAR OLD CHILDREN.

Vision tests were carried out on 901 six year old children (465 boys and 436 girls) by the school nurses at 16 schools and 149 children (71 boys and 78 girls) were found to have defective vision of over 6/12 in either or both eyes, and referred for further examination by the school medical officers. The table below sets out the action taken :—

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
For observation by school medical officers	44	52	96
Referred by school medical officers to Eye Infirmary	27	26	52
Attended own doctor	1	—	1
<b>TOTAL</b>	<b>71</b>	<b>78</b>	<b>149</b>

#### RESULT OF EXAMINATION AT THE EYE INFIRMARY :

Glasses prescribed	23	25	48
Glasses not prescribed	2	1	3
For observation	1	—	1
<b>TOTAL</b>	<b>26</b>	<b>26</b>	<b>52</b>

It should be noted that children already wearing glasses are not included in this table.

### COLOUR VISION.

During 1955 the arrangements for colour vision testing were changed about the middle of the year to enable the test to be carried out during the child's second age group (11 and 12 years) medical examination, instead of during their leaver's examination. This was done in order to enable the department to advise the

parents of children who intended to enter vocations for which perfect colour vision was essential. The parents have welcomed this.

Of 1,261 children (806 boys and 455 girls) tested by nurses using the Ishihara Colour Vision Testing Plates, 56 were considered to have defective colour vision; they included children in both the second and third age groups, i.e. approximately 11 and 14 years. It was intended that all those found to have defective colour vision would be further tested by a doctor using the Giles-Archer Lantern. In this the primary colours are shewn through apertures of decreasing size illuminated by a standard electric bulb. The children who are "dark adapted" for 10 minutes prior to the test are shewn the different discs and must say what colour they see. The results are classified according to whether they are likely to be safe or unsafe in occupations requiring good colour vision—naval officers, air pilots, railway engine drivers, etc. Unfortunately, before the end of the year, it was only possible to test 21 in this way, all boys (10 found to have defective colour vision during 1954 and 11 found during 1955). The others will, as far as possible, be tested early in 1956.

The figures in the table below shew how much rarer colour vision is in girls than in boys.

ISHIHARA TEST RESULTS	Boys	Girls	Total
No. examined	806	455	1,261
No. found to have defective colour vision	54 6.7%	2 0.4%	56 4.4%
GIRLS : Completely Green Blind Colour defective		1 } 1 }	2
BOYS : Partially Red-Green Blind Completely Red-Green Blind Completely Red Blind Partially Irregularly Defective Inconsistent	7 } 36 } 4 } 4 } 3 }		54

RESULT OF GILES-ARCHER LANTERN TEST			
1955		1954	
Safe	Unsafe	Safe	Unsafe
2	9	5	5

SAFE—means that there should be no mistake made in regard to the naming of the deeper shades of red and green. Lighter shades may be incorrectly named.

UNSAFE—means that red is described as green or vice versa, or red or green is described as black or no light.

## OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILITIS.

140 school children in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1955, i.e. 1.4% of the school child population. I understand all the tonsillectomies are by "dissection." Our information about these children is more accurate than has been the case for some time as there is now much closer co-operation than formerly between the hospitals and ourselves in regard to the hospital care of all school children.

Year	No. of Operations	School Population	Operations per 100 Children
1955 ....	140	10,306	1.4
1954 ....	155	9,986	1.6
1953 ....	121	9,682	1.2
1952 ....	168	9,272	1.8
1951 ....	213	8,930	2.4

79 school children (38 boys and 41 girls) were known to the department as awaiting tonsil and/or adenoid operation on 31.1.56.

### Hospital Reports.

During 1955, 357 copy letters were received from the local hospital consultants, (292 from Royal Devon and Exeter Hospital, 41 from Princess Elizabeth Orthopaedic Hospital and 24 from the City Hospital) in respect of children referred to them direct by the child's own doctor. This information is most useful to the school medical officers and is much appreciated. We in the school health service are only too happy to reciprocate and have in fact passed over a good deal of information particularly in regard to home environment, to the hospital consultants concerned.

### OTORRHOEA.

During the year only 11 children (5 boys and 6 girls) attended school clinics with suppurative otitis media; all of them were recurrent cases. In 3 of the cases the housing and/or home conditions were considered to be poor; 5 of the children had had their tonsils and/or adenoids removed.

### DEATHS.

Three Exeter children in the age group 5-15 years, died in 1955—a rate of 0.27 per thousand which is the same as in 1954; the rate for the country as a whole was (in 1954) 0.39 in this age group.

The causes of death were :—

Accidental—involved in a car accident (1) girl aged 9 years.

Congenital Heart Disease—and the after effects of Influenzal

Meningitis (1) boy aged 12 years.

Asphyxia—due to epileptic fit—(1) boy aged 14 years.



**VACCINATION AGAINST SMALLPOX.  
VACCINATION STATE AS OBSERVED DURING COMPLETE  
EXAMINATIONS IN 1955.**

Entrants			Second Age Group			Third Age Group			Other Periodic			Special		
Yes	No	Not known	Yes	No	Not known	Yes	No	Not known	Yes	No	Not known	Yes	No	Not known
460	377	39	608	357	91	256	225	57	574	337	34	132	114	13
876			1,056			538			945			259		
3,674														
Total Vaccinated			...	...	...	...	...	...	...	...	2,030			
Total Not Vaccinated			...	...	...	...	...	...	...	...	1,410			
Total Not Known			...	...	...	...	...	...	...	...	234			
TOTAL			...	...	...	...	...	...	...	...	3,674			

55% of all school children examined by complete medical examinations during the year were found to have been vaccinated. Only when a satisfactory scar was observed was the child recorded as vaccinated.

### AUDIOMETRIC TESTING.

During 1955, 36 children (17 boys and 19 girls) were given audiometric tests and were medically examined. The table set out below shows the medical officers' findings and recommendations :—

	Boys	Girls	Total
<b>NEEDING ATTENTION</b>			
Referred to specialists ....	5	1	6
Referred to private doctor ....	—	1	1
Found to be on waiting list for tonsils and adenoids ....	—	—	—
For observation ....	1	—	1
Recommended to sit in front of class ....	2	—	2
<u>Not deaf enough to require action</u> ..	9	17	26
<b>TOTALS</b> ....	17	19	36

Of the 6 children referred to the Ear, Nose and Throat Specialist :—

- (a) 2 boys — put on the waiting list for tonsils and adenoids operation.
- (b) 1 boy — to be examined under anaesthetic ? removal of tonsils and adenoids.
- (c) 1 boy — had Bilateral Antral Puncture and Washout.
- (d) 1 boy — had inflation of Eustachian tubes.
- (e) 1 girl — saw the specialist three times and after breathing exercises no further action was considered necessary.

**Condition of these 6 children at the end of the year :—**

- (a) Both are still awaiting operation.
- (b) Left Exeter.
- (c) Improved — practically no hearing loss lower than 20 decibels.
- (d) Improved.
- (e) Now normal.

**YEAR ENDING 31st DECEMBER, 1955.**

### REPORT OF THE PRINCIPAL DENTAL OFFICER.

(W. Crofts Arkle, L.D.S., R.F.P.S., GLASG.)

(Owing to the late Mr. Arkle's illness this report was prepared by the School Dental Officer, Mr. J. B. Clark, L.D.S., R.C.S. (EDIN.) )

The statistical tables showing the work of the school dental service for the year 1955 indicate that the volume of dental work done was well maintained although Mr. Radford resigned in June leaving only 2 dental surgeons in the department. The illness of the principal dental officer has for a period further depleted the

staff. We are however optimistic that applications for full-time appointments as dental officers will be forthcoming, the council having in 1956 agreed to provide housing accommodation.

The Whipton Health Clinic's dental department proved very popular with mothers and children who appreciated the very good amenities and the convenient position of this fine clinic.

### **Dental Inspections.**

Inspections of children in school were maintained as well as possible but they had to be curtailed because of the staff reductions (see Table V). The number inspected in school was 5,144, as compared with 7,832 in 1954. The dental officers also inspected 1,744 "specials" in the clinics, these being children with toothache or desiring treatment and advice. The new arrangements for treating these casual cases described in last year's report have worked well.

### **Treatment.**

The number of fillings made in permanent teeth was 4,292 and in temporary teeth 392; these figures were as high as in the previous year per dental officer working; fillings in 1954 numbered 6,816; in 1953—4,759, and in 1952—2,950.

The number of extractions is very much the same as in the previous year since it was decided that in spite of the reduction in staff it was still necessary to remove all septic teeth and treat all toothache cases that presented themselves.

Among other operations (listed in Table V) were the following:— 27 dentures fitted to replace missing front teeth, 115 children had their teeth scaled, and 33 dental x-rays were taken.

### **Orthodontia.**

Treatment of anomalies was limited to selected cases. At the beginning of the year 72 cases were being treated, 60 new cases were added and 41 were completed, leaving 91 still undergoing treatment at the end of the year. 68 removable appliances were fitted during the year.

### **General Remarks.**

We were very sorry to lose the services of Mr. M. Radford, L.D.S., who has done sterling work for the department and the school children during the six years he was with us.

Persistent efforts were made during the year to increase oral hygiene standards with considerable success. It was very obvious that general breakdown of the teeth in individual children was associated with stagnation of food round them and consequently the regular use of the toothbrush was stressed. It is becoming increasingly apparent that the American experiments bringing the addition of Sodium Fluoride to the water supply are a success and this appears to me to be a promising development. This proposal raises many questions and we are very

interested in the pilot efforts of certain authorities in England and Scotland in this field.

As before, the services of Dr. Smith, Dr. Ward, Dr. Hinde and Dr. McLauchlan as anaesthetists were much appreciated by the dental staff and patients. Also our thanks are due once again to the head teachers and their staffs for their co-operation through the year.

### Age Distribution of Children Inspected and Referred.

Age in years.	Udr.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ..	—	87	367	520	675	786	628	651	445	384	368	222	8	—	—	5,144
No. referred for treatment ...	—	38	175	275	390	463	371	369	274	217	220	140	2	—	—	2,934

\*Number of "Special" Examinations (i.e., "Casuals") = 1,744  
(See also Table V, page 57.)

### EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 228 children (175 boys and 53 girls) were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-laws, to ensure that their health would not be impaired by employment of this kind. 128 children (110 boys and 18 girls) were also re-examined after working for between 3 and 6 months.

The relevant Bye-laws remained unchanged and were detailed in my last report. The Director of Education's department is responsible for ensuring that no children are employed without licences and that the terms of the licences are strictly adhered to.

No applications for employment were refused on medical grounds, but one boy seen as a re-examination was found unfit to continue his employment owing to defective heart condition; the other re-examinations showed no adverse effects.

TYPE OF EMPLOYMENT	Boys	Girls
Delivery of newspapers .....	136	29
Delivery of groceries .....	12	—
Delivery of meat .....	8	—
Delivery of milk .....	6	—
Shop assistants (mostly at multiple stores) .....	—	20
Miscellaneous .....	13	4
TOTAL ...	175	53

## HANDICAPPED PUPILS.

### Educationally Subnormal Pupils.

During the year 81 children (40 boys and 41 girls) were examined by the school medical officers in regard to educational subnormality and mental development. Many of them had already been examined by the educational psychologist. The following recommendations were made :—

RECOMMENDATION	Boys	Girls	Total	RESULT
<b>SECTION 34.</b> Special education in an ordinary school ....	8	3	11	Remained in own schools.
Education in a special day school ....	2	1	3	Remained in own schools.
Education in a special residential school	5	8	13	8 placed in special schools.
<b>SECTION 57(3).</b> Permanently excluded from school ....	7	6	13	6 attend Health Committee's (Day) Occupation Centre.
<b>SECTION 57(4).</b> Education in ordinary school inexpedient	3	2	5	3 attend Health Committee's (Day) Occupation Centre.
<b>SECTION 57(5).</b> Notified to the Health Services Committee for statutory supervision on leaving school	9	6	15	All placed under stat. supervision
Not considered to require statutory supervision on leaving school ....	6	15	21	
	40	41	81	

The recommendations made in relation to education are based on what is considered desirable and not what is practicable in Exeter, but of course, what is practicable is what is carried out. Residential care has usually been advised because of severely adverse home conditions or exceedingly disturbed behaviour. Eight children were admitted to special residential schools for educationally subnormal children during the year.

The extensions to Withycombe House Special School and building adaptations so long awaited at Maristow House were completed during the year. This has relieved the difficulty of



residential places for our junior boys and girls of all ages, but we are still left, however, with two problems :

- (i) the placing of senior educationally subnormal boys and
- (ii) the placing of educationally subnormal girls with behaviour difficulties or delinquency.

Fortunately, we have not many educationally subnormal senior boys who need such residential care—but when we do have them we find it impossible to place them.

The second problem is more acute and is causing us much anxiety. Withycombe House Residential Special School has apparently completely altered its attitude in that now the combination of educational subnormality + maladjustment involving delinquency is virtually a bar to admission, whereas only a very few years ago the condition of admission was that a child was both educationally subnormal and maladjusted. A good deal of discussion has taken place in an effort to solve the difficulties.

A great deal of time is spent on the medical and social enquiries in these cases and parental consent is usually obtained only with great difficulty. To have them refused admission to the school which was set up jointly by this authority with 6 neighbouring local education authorities is a great hardship to the girls and their families and makes it difficult even to take the initial steps with any confidence that useful results will follow.

### **Adjustment Classes.**

Owing to the lack of suitable accommodation one adjustment class at John Stocker Junior Boys' School had to be closed during 1955. Three new classes were started, however, in St. Sidwell's Junior Mixed and Infants' School, Countess Weir Junior Mixed School and Heavitree Junior Mixed and Infants' School and an additional peripatetic teacher was obtained during the year ; we now have eight adjustment classes in the junior schools dealing with approximately 160 children. Owing to the lack of suitable accommodation in the other junior schools it is not expected that further extensions will be possible for the present. The fact that the " bulge " has now reached the junior schools also adds to the difficult situation already existing in these overcrowded schools. The rooms available for these classes are very small but the work done is of great value. The teachers concerned are doing a most useful service, and so far the experiment must be regarded as having done a great deal for the schools concerned.

**TABLE SHEWING THE NUMBER OF HANDICAPPED  
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT  
31st JANUARY 1956.**

DISABILITY	Total No. of children classified as handi- capped as at 31-1-56	SPECIAL SCHOOL OR HOME	RESD.		NON RESD.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	4	Sunshine Home, Abbotskerswell	1	1	—	—	4	}
		Royal School of Industry for the Blind, Bristol ....	1	—	—	—		
		Seal, Sevenoaks, Kent ....	1	—	—	—		
PARTIALLY SIGHTED	17	West of England School for the Partially Sighted, Exeter ....	1	2	6	8	17	—
DEAF	3	Royal West of England School for the Deaf, Exeter ....	—	—	3	—	3	—
PARTIALLY DEAF	8	Royal West of England School for the Deaf, Exeter ....	1	1	5	1	8	—
PHYSICALLY HANDICAPPED	37	John Capel Home, Essex	—	1	—	—	2	}
		Dame Hannah Rogers Sch. for Spastics, Ivy- bridge ....	—	1	—	—		
EPILEPTIC	1		—	—	—	—	—	1
EDUCA- TIONALLY SUBNORMAL	203	All Souls' Special School, Hillingdon, Middlesex.	—	1	—	—	14	}
		St. Christopher's School, Bristol ....	1	—	—	—		
		Bradfield Special School, Devon ....	2	—	—	—		
		Wokingham High Close School, Berks ....	—	1	—	—		
		Besford Court Special School, Worcester ....	1	—	—	—		
		Withycombe Hse. Special Sch., Exmouth, Devon	—	5	—	—		
		Maristow Hse., Plymouth	3	—	—	—		
DELICATE	112		—	—	—	—	—	—
MALADJUSTED	119	Finchden Manor, Kent ....	1	—	—	—	5	}
		Horncastle Sch., Sussex	1	—	—	—		
		Alresford Place School, Hants ....	1	—	—	—		
		Monkton Wilde School, Dorset ....	—	1	—	—		
		Mooraway Hse., Manaton	—	1	—	—		
DEFECTIVE SPEECH	103		—	—	—	—	—	1
TOTAL	607		15	15	14	9	53	96



### PHYSICALLY HANDICAPPED CHILDREN.

There are 37 physically handicapped pupils known to the department : (there were 42 in 1954). Their age grouping, sex distribution, mode of education and ability to play games and take part in ordinary physical exercises are set out in the table. Only 1 child (girl—cerebral palsy) for whom residential accommodation was necessary, was still awaiting admission at the end of the year; this girl has been on the waiting list since July, 1954, but very few places are available for children suffering from this condition.

	SEX		AGE GROUP					EDUCATION					Able to take P.T. and Games	
	Boys	Girls	Under School Age	Infns.	Jrns.	Snrs.	Under School Age	Not at School	In Special School	In Training College	Ordinary School	Home Tuition	Mod.	Nil.
1. Cerebral Palsy ...	5	4	—	2	4	3	—	1	2	1	5	—	2	7
2. Heart : Congenital ...	5	1	—	1	4	1	—	—	—	—	5	1	2	4
Rheumatic	—	2	—	—	—	2	—	—	—	—	2	—	1	1
Congenital & Rheumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. T.B. Joints ...	—	5	—	—	4	1	—	—	—	—	5	—	—	5
4. Poliomyelitis Sequelae ...	1	6	—	2	5	—	—	—	1	—	6	—	2	5
5. Other Congenital Defects ...	1	3	—	—	2	2	—	—	—	—	4	—	4	—
6. Miscellaneous ...	1	3	—	—	2	2	—	—	—	1	3	—	2	2
TOTAL ...	13	24	—	5	21	11	—	1	3	2	30	1	13	24

Five of the above cases are provided with transport to and from school including 1 girl who attends the school for the partially sighted. Two of these children attend school mornings only.

**EPILEPTICS.**

There are 9 boys and 13 girls who are known epileptics attending ordinary schools in the city. 3 new cases (1 boy and 2 girls) were reported during the year.

Sex	Total	AGE			EPILEPSY			Has been in special school	Rec. for special school	Have had hospital investn.	Satisfactory medication
		5-7	7-11	11-15	Minor	Major	Both minor and major				
Boys	10	3	4	3	4	5	1	—	1	10	9
Girls	14	3	8	3	7	5	2	2	1	14	13

Included in the above table is 1 girl who is also a case of cerebral palsy.

**INTELLIGENCE QUOTIENT.**

				60-70	70-85	85-100	Not reported to be retarded
Boys	...	...	—	1	—	2	
Girls	...	...	2	—	2	10	

Excluded from school owing to psychotic disturbances and in hospital ... .. 1  
(A special report on this case was submitted to the Ministry of Education in 1954).

In special schools ... .. None

**Home Tuition.**

During the year seven children with various defects set out below received home tuition arranged by the authority: this is an important service and contributes materially to the health of the children.

- 1 (girl) asthma;
- 2 (boys) congenital heart disease; 3 (boys) acute nephritis;
- 1 (boy) maladjusted and epileptic.

Four of these children (boys), were able to resume normal schooling after a period of home tuition.

During the financial year ended 31st March, 1955, the Authority spent £408-2-0 on the education of handicapped pupils otherwise than at school (Section 56 of the Education Act, 1944).

**Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession—Ministry of Education Circular 249.**

In accordance with instructions contained in the above Circular, 45 students (33 women and 12 men) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession.

### TRANSPORT.

Transport for ambulant handicapped children attending schools in the city continued during 1955 and 16 such children were allowed daily transport to and from school, mostly for short periods but in five cases throughout the whole year; 2 cases of spastic paralysis (1 girl and 1 boy) to the West of England School for the Partially Sighted; 1 congenital deformities to St. Loyes College (boy); and 13 to ordinary schools including 2 after hospital treatment for T.B. hip and T.B. foot (girls); 3 spastics (girls); 2 muscular weakness following A.P.M. (1 boy and 1 girl); 3 rheumatic heart disease (2 boys and 1 girl) 2 broken leg (1 boy and 1 girl) and 1 congenital dislocation of left hip (girl). 7 of these children (3 boys and 4 girls) were later able to resume normal schooling and 1 (boy) left Exeter during the year.

As I stated in my last report, there can be no doubt that this facility is of great value to the handicapped child—socially, medically and educationally and the cost to the Authority is negligible in comparison with residential schooling which in some cases would be otherwise necessary.

### SCHOOL LEAVING MEDICAL REPORTS.

During 1955, 15 reports were sent to the family doctors on children leaving school who were handicapped or had defects of any important medical history. The family doctors were also informed whether the child had been reported to the Youth Employment Officer for registration under the Disabled Persons (Employment) Act, 1944.

I consider that such reports should be sent whenever the child has a defect or disease which may cause any further disability or ill health after leaving school: at least such things as heart or pulmonary disease, epilepsy, recurrent otorrhoea, myopia, severe educational subnormality and any condition which has brought the child into any of the classes of handicapped children (under the Education Act, 1944) should be so notified: also, whenever a child has been recommended by us for registration as a disabled person, or advised that certain occupational conditions are unsuitable for the child, the family doctor should be told. In many cases, of course, the family doctor will already be aware of the child's disability. The Council has always been willing to allow school medical records to go to family doctors on request.

Close co-operation with the Youth Employment Officer, regarding suitable employment for the handicapped child on

leaving school, is maintained and in all, 69 children were reported to him during 1955. The tables below set out the main defects of these 69 children.

### REPORTED ON FORM Y.9. (62 Children).

Children for whom special consideration re: employment is desirable on account of the medical history.

MAIN DEFECT	Boys	Girls	Total
General condition below average	*9	*4	13
Defective vision	*9	2	11
Abnormal chest conditions	6	1	7
Educationally subnormal	*8	*2	10
Orthopaedic conditions	2	4	6
Defective hearing	—	*3	3
Defective speech	2	—	2
Epilepsy	1	—	1
Maladjustment	1	1	2
Defective heart condition	—	*2	2
Miscellaneous	6	2	8
TOTAL	44	21	65

\*4 children (2 boys and 2 girls) have been included as having more than one major defect.

### REPORTED ON FORM Y.10. (7 Children).

Children for whom registration as disabled persons is considered desirable: parental consent is necessary. (Disabled Persons' Employment Act, 1944).

MAIN DEFECT	Boys	Girls	Total
Educationally Subnormal	*1	1	2
†Severe Deafness	*2	—	2
Defective vision	1	—	1
Cerebral palsy	—	1	1
Orthopaedic condition	1	—	1
Congenital heart defect	1	—	1
Maladjustment	*1	—	1
TOTAL	7	2	9

\*Refers to the same child; †Both have hearing aids.



## CHILD GUIDANCE REPORT FOR 1955.

(Report by Dr. H. S. Gaussen, Psychiatrist-in-charge).

From the child guidance point of view the main event of the year 1955 was the publication by the Ministry of Education of the "Report of the Committee on Maladjusted Children."

The Committee, under its Chairman, Dr. J. E. A. Underwood, has been gathering evidence for five years and its findings are of great interest and importance, particularly in their bearing on the future. The report is long; but it is clearly and simply written, well repaying study by anyone interested in child health, delinquency or the prevention of mental illness. It is very gratifying to see that, in Exeter, the development of child guidance and child care is so much in line with the recommendations of the Committee.

In their introduction the Committee point out that this is the first systematic review of the various services available for treating maladjustment, the first attempt to co-ordinate these services and to measure the size of the problem. Insecure and unhappy people have always existed, but that this maladjustment between the individual and his environment could lead to mental hospital or prison has been growing clearer in the past few years. The problem begins in childhood, and, if future generations are not to repeat the pattern, the child must, if possible, be helped to adjust before he becomes the unhappy parent of more maladjusted children. The report contains a chapter on the history of work with children in this country, and an excellent survey of normal development.

After these opening chapters and examination of the statutory authority for treatment of maladjusted children, the Committee go on to discuss child guidance in detail. They recommend that a comprehensive child guidance service be available in the area of every local education authority, enumerating its various connections. They consider that the clinics should be open to all boys and girls up to the age of 18, whether they are at school or not. In the next chapter, the Committee report on day special schools and classes. By providing adjustment classes the City is in advance of other areas in this respect. The Committee pass on to institutional treatment of maladjusted children, emphasizing that it should be used only if there appears no hope of successful treatment or cure at home. There will always be a small number of mentally sick children needing institutional care, but they should be returned home as soon as they are ready to do so and the home ready to receive them. The progress of children after any form of treatment should be watched up to 18.

The Committee review the relationship between the educational system, including child guidance, and the Juvenile Courts. They conclude that a better understanding is necessary between Magistrates and Child Guidance Clinics and that any child before the Court who is so handicapped as to need special educational treatment should have it provided by the L.E.A., rather than be



sent away to an Approved School. The staffing ratio in the Child Guidance Service indicated by the Committee is far too low and is clearly a minimum.

The Report devotes considerable space to professional and technical problems, including training and selection of staff. Their 17th and final chapter is a summary of their recommendations. Some of these might be thought obvious, some counsels of perfection, but the Exeter team are convinced that their wide implementation, would alleviate and prevent a very great deal of suffering and mental ill health.

### Child Guidance Centre—Statistical Report for 1955.

1.	Number of cases on the books on 31st December, 1954	140
2.	Number of cases awaiting investigation on 31st December, 1954	9
3.	Number of cases investigated but awaiting treatment on 31st December, 1954	38
4.	Number of new cases referred during 1955	73

#### *Source of reference :*

(a)	Juvenile Court	5
(b)	School Medical Officers	23
(c)	Private Doctors	5
(d)	Head Teachers	14
(e)	Parents	4
(f)	Others	22
5.	Number of old cases re-opened during 1955	6
	2 because nervous symptoms had returned ;	
	2 because of delinquency ;	
	1 because of a break-down in a foster home ;	
	1 because a child had returned home from Honeylands Children's Sanatorium.	
6.	Number of new cases investigated during 1955	65
7.	Number of other cases investigated during 1955	6
8.	Number of cases treated for the first time during 1955	59
9.	Total number of children seen during 1955	217
10.	Total number of attendances during 1955	976
11.	Total number of cases discharged during the year	100

#### *Reason for discharge :*

(a)	Treatment completed (see below)	55
(b)	Unsuitable for treatment	6
	(2 because parents were not convinced of its necessity.	
	1 because parent was not co-operative.	
	1 because child was diagnosed as a psychopath	
	2 because the children were very dull)	

(c) Defaulted	....	....	....	9
(d) Left city	....	....	....	13
(e) Other reasons	....	....	....	17
(a) <i>above.</i>			<i>results</i>	
Satisfactory	....	....	36	
Improved	....	....	17	
No change	....	....	2	
Worse	....	....	—	

12.	Number of cases remaining on the books on 31/12/55	....	119
13.	Number of new cases awaiting investigation on 31/12/55	....	10
14.	Number of new cases investigated but awaiting treatment on 31/12/55	....	34

N.B.—16 cases were closed after investigation or whilst awaiting treatment.  
7 cases were closed before investigation was completed.

Total number of sessions :	Psychiatrist	....	184
	Psychologist	....	184
	Psychiatric		
	Social Worker	....	(Full time)

#### INTERVIEWS :

##### PSYCHIATRIC.

(i) Diagnostic	....	....	71
(ii) Parents and others	....	....	220
(iii) Remedial treatment	....	....	360
(iv) Home Visits	....	....	3

##### PSYCHOLOGIST.

(i) Diagnostic and testing	....	....	81
(ii) Parents and others	....	....	110
(iii) Remedial treatment	....	....	336
(iv) Visits	....	....	22
(a) To School visits (re C.G. cases only)	....	....	18
(b) Home Visits	....	....	4

It is customary for the Psychologist when visiting any school for educational purposes, to enquire briefly after all Child Guidance cases in the School.

##### PSYCHIATRIC SOCIAL WORKER.

(i) Therapeutic interviews at Centre	....	674
(ii) Remedial treatment	....	201
(iii) Visits	....	149
(a) School Visits	....	3
(b) First Visits to homes	....	57
(c) Subsequent visits to homes	....	67
(iv) Other Visits	....	22
(v) Interviews with other Social Workers	....	45

#### SUMMARY OF RECOMMENDATIONS : Children involved = 71

Diagnosis and advice only needed	....	12
Periodic survey and superficial treatment	....	3
Residential placement advised	....	3
Immediate long term treatment by Psychiatrist	....	6
Immediate long term treatment by Psychologist	....	7
Placed on treatment waiting list	....	29
Placed on treatment supervision list (after 1-4 interviews)	....	11

## CHILDREN UNDER TREATMENT ON 31/12/55.

Regular treatment by Psychiatrist	12
Regular treatment by Psychologist	13
Regular treatment by Psychiatric Social Worker	4
Treatment waiting list Psychiatrist and Psychologist	34
Superficial treatment by Psychiatrist	7
Superficial treatment by Psychologist	—
Survey whilst residentially placed	1
Kept open, but no active treatment at present	38

**SPEECH THERAPY REPORT.**

(Report by Miss M. A. McGovern, L.C.S.T.)

The speech therapist resigned in November on taking up work in London but she was able to continue on a part-time basis until the end of the term.

In October the clinic in Cowick Street was closed. There was no waiting list, two children were discharged and those remaining were accommodated, without any inconvenience to parents, in other clinics. An additional clinic is now held at the Whipton Health Centre, where there is a long waiting list.

As the number of attendances falls during the school holidays, the time has been employed to interview those children awaiting treatment. This relieves anxiety in the home, advice is given to the parents and prevents the persistence of an incorrect and harmful attitude and therefore minimises aggravation of the defect.

Last year I commented that very few pre-school children were referred : in 1955 more have been referred to me. In some cases regular treatment was not necessary, advice as to the best way of treating the situation proving adequate in preventing the "crystallisation" of the defect. The longer an erroneous, though well meaning, attitude persists the more difficult the task of effecting a change.

Throughout the year I have continued to assist stammering children who also have reading difficulties. Apart from the immediate effect of increased confidence, this often results in the child's removal to a higher reading 'group' in school, which further serves to eliminate a feeling of inadequacy in regard to the spoken word.

At present seven children receiving treatment for speech are also under the care of the Child Guidance team. I am most grateful to them for their help and advice, not only concerning these children but also with regard to the several problems of a psychological nature accompanying every speech defect. If the clinics were centralised in the Child Guidance Centre I am sure that even further benefit would be gained. A child with a speech

defect has to remedy a distorted relationship with society, his most important method of contact being impaired.

During the year 1955 a small alteration in the speech therapy arrangements was made and sessions are now held as follows :—

Child Guidance Centre, St. David's Hill	Monday, all day.
Merrivale Road Community Centre	Tuesday a.m.
Countess Wear Junior Mixed School	" p.m.
Health Clinic, Whipton	Wednesday, a.m.
Bradley Rowe Junior Girls' School	" p.m.
Health Clinic, Whipton	Thursday, all day.
Child Guidance Centre, St. David's Hill	Friday, all day.

Total number of sessions during the year	337
Total number of attendances during the year	1,515
Total number of children awaiting treatment at the end of the year	41

**Analysis of the cases treated during the year and their progress :—**

DEFECT	Having treatment 1-1-55	Admitted	Total No treated	DISCHARGED			STILL ON LIST			Remain- ing under care 31-12-55
				Cured	Left before treatment complete	Under observation	Regular Attendance	Improved	No change	
Stammering	20	1	21	9	1	5	6	12	2	14
Simple Dyslalia	12	4	16	9	—	2	5	7	—	7
Multiple Dyslalia	21	17	38	12	1	6	19	23	2	25
General Dyslalia	4	2	6	2	—	—	1	1	—	4
Language Defects	1	—	1	—	—	—	1	1	—	1
Dysphonia	2	—	2	1	—	—	1	1	—	1
Dysarthria	1	1	2	—	—	—	2	1	1	2
Cleft Palate	3	5	8	2	—	2	1	6	—	6
Hyper-rhinophonia	1	2	3	1	—	—	2	1	1	2
Lip Reading	1	—	1	1	—	—	—	—	—	—
TOTALS	66	35	101	37	2	18	44	56	6	62

**Analysis of the cases treated during the year (Grouped by age, sex and defect) attending school age group :—**

DEFECT	Total treat- ed.	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		Severely handicapped children not attdg. sch.	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	21	—	—	2	—	11	1	9	1	—	—
Simple Dyslalia	16	—	—	1	—	8	4	2	1	—	—
Multiple Dyslalia	38	2	—	10	5	12	7	1	1	—	—
General Dyslalia	6	3	2	—	—	1	—	—	—	—	—
Language Defects	1	—	—	—	1	—	—	—	—	—	—
Dysphonia	2	—	—	—	—	—	—	—	1	1	—
Dysarthria	2	—	—	—	—	—	—	—	—	—	2
Cleft Palate	8	2	2	1	—	—	2	1	—	—	—
Hyper-rhinophonia	3	—	—	—	—	2	1	—	—	—	—
Lip Reading	1	—	—	—	—	—	—	1	—	—	—
TOTALS	101	7	1	11	6	34	15	14	4	1	2

In Dyslalia one sound is substituted for another.

In Dysphonia the pitch of the voice is affected.

In Dysarthria there is difficulty in articulation.

In Hyper-rhinophonia the speech is excessively nasal.

### INFECTIOUS DISEASES.

Incidence of certain Infectious Diseases other than Tuberculosis in  
1955 in children (Exeter Residents) 5-15 years of age.

(Corrected for change of diagnosis).

DISEASE	Boys	Girls
Scarlet Fever	20	21
Whooping Cough	24	29
Measles	494	519
Pneumonia	2	2
Dysentery	6	8
Food Poisoning	—	2
Poliomyelitis (Paralytic)	1	—
(Non-Paralytic)	9	1
Meningococcal Infection	—	—
Diphtheria	—	—
*Undulant Fever	—	1
Erysipelas	—	—
Puerperal Pyrexia	—	—

\*Not notifiable.

Measles was prevalent. Whooping cough was distinctly less common than in 1954 (when there were 94 notifications) and dysentery very much less common (14 compared with 141 cases). Tuberculosis of school children is discussed on page 47.

### SCABIES.

YEARLY INCIDENCE OF SCABIES, 1949 - 1955.

Year.	Families.	Cases.	School Population.
1955	4	8	10,306
1954	—	—	9,986
1953	1	2	9,682
1952	4	6	9,272
1951	4	13	8,930
1950	3	4	8,593
1949	8	13	8,315



## CHILDREN'S ABSENCES FROM SCHOOL OWING TO ILLNESS.

Although I have stated in my previous reports for both 1953 and 1954 the basis under which these figures are obtained, I am repeating it as it is most important the reader should understand that the causes of absences through illness shewn in the tables are submitted weekly on Fridays (and the last day of term) by the head teachers and school inquiry officers ; medical certificates are not generally required ; some children, therefore, absent owing to long illness, are included more than once ; other children, absent only a few days, may not have been included. THE FIGURES, THEREFORE, SHEW TRENDS RATHER THAN A PRECISE STATEMENT OF THE AMOUNT OF ILLNESS AT ANY TIME.

It will be appreciated, therefore, that absences recorded here are not related to individual children : thus for example 2,427 absences are recorded in the weekly return as due to measles when in fact there were only 1,003 cases notified among school children, and it is possible that other disease-absences causing absence of longer than a week or so, are similarly " over stated " in relation to the numbers of individual children involved. On the other hand short term absences (e.g. a week or less) are unlikely to be overstated—and may well be understated—e.g. colds, biliousness, etc.

The greatest cause for absence is still the common cold, next is measles, an epidemic occurring, which reached its peak in the latter part of the autumn term, 2,427 : there were virtually no cases of german measles (6 only during the year compared with 1,653 in 1954). Sore throats, swollen glands, etc., caused a great number of absences (2,320) and shows an increase of 706 absences over those of 1954. Absences caused by biliousness remain much the same as in the previous year. A marked change is that there were no absences recorded in respect of dysentery during 1955, whereas there were 511 such noted in 1954. Absence due to mumps decreased but the accident absences have risen (472 compared with 288 in 1954).

The total number of absences recorded over the whole year was much as in 1954, but the general level of absences was rather higher in 1955, the influenza epidemic late in 1954 having boosted up the figures enormously then. The Lent and autumn terms, were very similar in their total absence records viz. :— in the Lent term, mumps and influenza, in the autumn term, measles being the major factors. The summer term was from this point of view a good term.

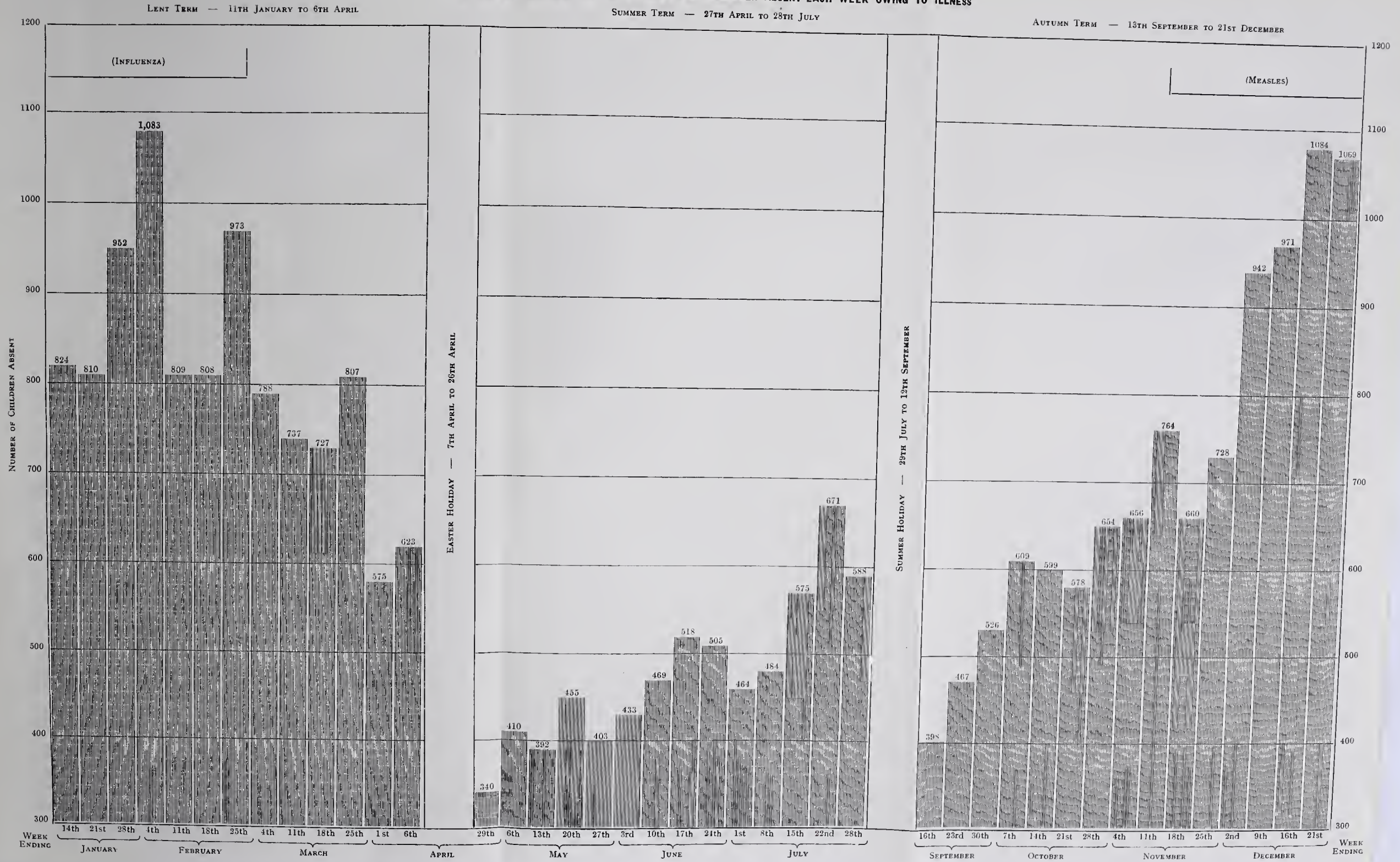
TABLE SHOWING MAIN CAUSES OF CHILDREN ABSENT FROM SCHOOL DURING THE PERIOD  
1st JANUARY—31st DECEMBER, 1955.

WEEK ENDING	Colds	Bilious- ness	Sore Throats, etc.	Eye and Ear	Influenza	Whoop- ing Cough	German Measles	Measles	Chicken Pox	Mumps	Acci- dents	Dysen- tery	Miscell- aneous	Total 1955	Total 1954
14.1.55	185	42	47	26	144	56	—	38	37	49	5	—	195	824	415
21.1.55	228	30	37	15	155	55	—	38	17	62	10	—	163	810	553
28.1.55	263	38	33	20	183	53	—	29	23	40	10	—	260	952	619
4.2.55	369	76	47	32	229	37	—	16	19	37	6	—	215	1,083	876
11.2.55	257	47	26	27	144	19	—	3	13	32	7	—	234	809	1,178
18.2.55	225	27	52	29	128	24	—	—	19	52	8	—	246	808	757
25.2.55	361	42	81	33	125	41	—	—	14	33	6	—	237	973	591
3.3.55	234	42	79	3	99	29	—	—	7	47	13	—	235	788	541
11.3.55	221	53	50	25	69	16	—	—	9	42	11	—	241	622	608
18.3.55	234	57	68	86	83	35	—	2	7	25	4	—	126	727	741
25.3.55	275	98	53	32	68	31	—	2	4	33	11	—	200	807	725
1.4.55	176	41	57	28	49	14	—	2	4	25	6	—	173	575	660
6.4.55	161	49	68	28	63	10	—	2	5	59	11	—	167	623	644
13 WEEKLY PERIOD							EASTER HOLIDAY								9,539
29.4.55	79	23	31	8	10	7	—	—	15	21	16	—	130	340	354
6.5.55	112	34	50	19	9	6	—	1	14	34	11	—	120	410	415
13.5.55	118	38	48	25	7	13	—	1	14	10	12	—	101	392	354
20.5.55	150	52	34	23	9	5	—	6	12	16	21	—	136	455	349
27.5.55	132	36	33	18	7	4	—	4	13	12	21	—	123	403	435
3.6.55	108	43	28	22	1	11	—	10	31	11	21	—	147	433	433
10.6.55	84	44	27	26	10	1	—	22	74	16	18	—	148	469	581
17.6.55	119	56	31	26	1	1	—	38	74	5	19	—	141	518	409
24.6.55	111	37	29	21	1	—	—	50	78	12	15	—	158	505	407
1.7.55	87	49	32	21	4	1	4	65	54	4	12	—	131	464	480
8.7.55	72	43	27	17	1	1	—	86	56	15	12	—	154	481	494
15.7.55	52	50	52	22	1	—	—	97	67	19	17	—	198	575	512
22.7.55	44	72	40	23	—	3	—	120	73	12	17	—	267	671	521
28.7.55	59	43	28	19	—	4	—	139	64	10	15	—	207	588	544
14 WEEKLY PERIOD							SUMMER HOLIDAY								6,288
16.9.55	64	27	56	13	9	2	—	25	19	—	8	—	175	398	245
23.9.55	97	49	68	22	23	1	—	14	10	2	7	—	174	467	377
30.9.55	158	41	83	26	61	4	—	18	9	3	16	—	107	526	395
7.10.55	131	72	85	26	42	4	—	29	5	2	8	—	205	609	461
14.10.55	135	48	74	25	65	6	—	41	4	2	5	—	194	599	478
21.10.55	162	69	92	22	62	2	—	46	1	1	10	—	111	578	520
28.10.55	164	52	78	21	72	1	—	62	4	3	12	—	185	654	517
4.11.55	199	28	65	26	50	5	—	75	14	1	10	—	183	656	598
11.11.55	173	51	82	31	38	4	—	101	17	12	15	—	220	761	652
18.11.55	163	41	72	14	54	5	—	101	12	3	9	—	186	660	726
25.11.55	189	27	91	27	80	4	1	130	16	4	11	—	148	728	726
2.12.55	264	53	91	26	97	13	—	154	8	3	5	—	228	942	836
9.12.55	190	46	67	30	85	4	—	242	15	3	8	—	281	971	996
16.12.55	231	56	69	32	66	4	—	289	11	—	8	—	318	1,084	1,332
21.12.55	212	44	59	16	78	4	—	329	9	4	5	—	309	1,069	2,097
1955 TOTAL	7,046	1,966	2,320	1,022	2,502	540	6	2,427	971	781	472	—	7,877	27,930	
1954 TOTAL	8,247	1,992	1,614	917	2,372	376	1,653	286	924	1,215	288	511	6,676	27,071	



1955.

HISTOGRAMS SHOWING THE TOTAL NUMBER OF CHILDREN ABSENT EACH WEEK OWING TO ILLNESS





### TUBERCULOSIS.

Relative to School Children (5-15 years of age) suffering  
from Tuberculosis whether in Maintained or Independent Schools.

On Register as at 1st January, 1955.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools .....	24	11	1	4	4	3	1	1	30	19
Children attending special schools .....	1	—	—	—	—	—	—	—	1	—
Attending independent schools .....	1	—	—	—	—	—	—	—	1	—
Children in hospital .....	—	—	—	—	—	—	—	—	—	—
<b>TOTALS .....</b>	<b>26</b>	<b>11</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>32</b>	<b>19</b>

### Changes during 1955.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1955 .....	7	3	—	—	—	—	—	1	7	4
Inward transfer .....	—	—	—	1	—	—	—	—	—	1
Notified children reach- ing school age during the year .....	—	—	—	—	—	1	—	—	—	1
<b>TOTALS .....</b>	<b>7</b>	<b>3</b>	<b>—</b>	<b>1</b>	<b>—</b>	<b>1</b>	<b>—</b>	<b>1</b>	<b>7</b>	<b>6</b>
Cases leaving school dur- ing the year .....	1	—	1	—	—	—	—	—	2	—
Cases removed from reg- ister .....	—	—	—	—	1	1	—	—	1	1
<b>TOTALS .....</b>	<b>1</b>	<b>—</b>	<b>1</b>	<b>—</b>	<b>1</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>3</b>	<b>1</b>

On Register at 31st December, 1955.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools .....	27	14	—	5	3	2	1	2	31	23
Exeter children attending Honeylands Special Sch. Attending independent schools .....	4	—	—	—	—	1	—	—	4	1
Children in hospital .....	1	—	—	—	—	—	—	—	1	—
<b>TOTALS .....</b>	<b>32</b>	<b>14</b>	<b>—</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>36</b>	<b>24</b>

Of the pulmonary cases one was detected as a result of special school surveys. All the others were either fresh cases for whom a definite source was traced (2) or already known as contacts or observation cases (6) and in one further case it is believed that the source has now been identified. The case of meningitis has a strong relevant family history.



## PREVENTION OF TUBERCULOSIS.

### Special School Surveys.

During 1955 special investigations were carried out, at 3 schools after cases of tuberculosis had been diagnosed. Parental consent was obtained for tuberculin testing; mass miniature radiography was carried out. The children with tuberculin positive re-actions were in *all cases* referred to the chest physician (Dr. R. P. Boyd) for following up.

1. In March and April a junior boys' and girls' school (after a member of the staff had been found to be suffering from tuberculous meningitis who has happily recovered) was investigated.

#### Method : Heaf's Multiple Puncture Test using P.P.D. Tuberculin.

No. accepted Tests	RESULT OF TESTS			Comments
	Pos.	Neg.	Abs.	
Boys : 252	17 (7%)	232 (93%)	1	X-RAY—All the children were offered M.M.R. X-ray and the results were all satisfactory.
GIRLS : 258	*23 (9%)	231 (91%)	—	*This number includes 12 girls known to have had B.C.G. vaccination by the chest physician during a previous survey.
TOTAL : 510	40 (8%)	463 (92%)	1	No cases of tuberculosis were found.

2. In April a class at a junior mixed and infants' school (after a child in that class had been found by the chest physician to be suffering from tuberculous meningitis and whose brother attending the same school was found, as a home contact, to have pulmonary tuberculosis) was investigated.

#### Method : Mantoux Test O.T. 1/1,000.

No. accepted Tests	RESULT OF TESTS			Comments
	Pos.	Neg.	Abs.	
Boys : 20	3 (16%)	16 (84%)	1	X-RAY—All the children were offered M.M.R. X-ray and results were all satisfactory.
GIRLS : 16	—	16 (100%)	—	No cases of tuberculosis were found.
TOTAL : 36	3 (9%)	32 (91%)	1	

3. In September, 1955, a boy of 7 years was found by the chest physician to be suffering from pulmonary tuberculosis in another junior mixed and infants' school; all the children in this boy's

class and also his close playmates were offered a tuberculin test and X-ray. ONE CASE OF PULMONARY TUBERCULOSIS WAS FOUND (a boy aged 5 years—a playmate).

Subsequently, all the children in the school were offered a tuberculin test and M.M.R. X-ray; I am pleased to say that almost all the parents agreed to this investigation. As the result of the following up work carried out by the chest physician in 1956 a third boy was found to be suffering from pulmonary tuberculosis. Further investigations are still being carried out by the chest physician and the end result in this school is not yet known. The table below shews details of the findings of both the October and December surveys.

**Method : Mantoux Test using P.P.D. Tuberculin.**

No. accepted Tests	RESULT OF TESTS			Comments
	Pos.	Neg.	Abs.	
OCTOBER : 31	*2 (6%)	29 (94%)	—	*One of these was the case found to be suffering from tuberculosis.
DECEMBER: 150	†9 (6%)	139 (94%)	2	†One of these was the third case found to be suffering from tuberculosis (1956).
TOTAL : 181	11 (6%)	168 (94%)	2	

**1955 B.C.G. VACCINATION PROGRAMME.**

A detailed account of the way in which this work was carried out in 1954, was given in my last annual report; I am, therefore, not repeating it, as we continued on the same lines in 1955. We also tuberculin tested again and X-rayed those children who were given B.C.G. vaccination in 1954: approximately twelve months after their vaccination.

**Result of the Survey of the Children Born during 1942.**

1,091 school children were reported by the head teachers as born during 1942, (837 attending 11 maintained schools and 254 attending 11 independent schools in Exeter). 876 parents (79%) gave their consent to all the tests. (The comparable figures for 1954 were 1,034 children: 917 (89%) consents). 818 children (95% of those who had accepted the tests) were in fact tested; of these 724 (89%) were negative and 94 (11%) were positive; 722 were given B.C.G. vaccination and of those given a post vaccinal tuberculin test 7—8 weeks later, 697 (25 were absent

for various reasons) were found to have been converted to tuberculin positive re-actors.

No case of pulmonary tuberculosis was found by X-ray, only one X-ray being considered unsatisfactory—that of a girl with a ? catarrhal lesion right upper lobe. The following table (A) shews the detailed result of the survey in the same form as given in my last report.

**Tuberculin Testing and X-ray of those Children Born during 1941 and Given B.C.G. Vaccination in 1954.**

This was carried out in the schools at the same time as the tests on the children born during 1942; the parents of all the 701 children given B.C.G. vaccination last year were invited to consent to a second tuberculin test to ascertain whether a reversion had taken place; 583 children (83%) accepted and were, in fact, tested. Owing to change in the medical staff Heaf's technique was used only in respect of the girls attending the Council's own schools (205), whereas all the boys in the Council's schools and both the boys and girls attending independent schools had the Mantoux test using P.P.D. (10 I.T.U.) (378 children). Amongst the 205 girls tested (by the same doctor who did the work last year) 5 girls (2%) were found to be negative and presumably had reverted. The one girl reported last year as being negative to the post vaccinal tuberculin test after B.C.G. vaccination, was found to be positive this year. Amongst the boys tested (by a doctor who had not taken part in last year's work here, but who had had experience elsewhere) 61 (16%) were negative.

Consideration of this unexpected result led to all the negative re-actors being given a further tuberculin test by the chest physician (Dr. R. P. Boyd) some 5 to 9 weeks after the original tuberculin tests had been carried out. All but 5 of the children's parents consented to their child being given another tuberculin test and the chest physician using Mantoux test O.T. 1/1,000 (right arm) found that 42 (2 of the 5 girls in the Council's schools and 40 (35 boys from the Council's schools, 1 boy and 4 girls from the independent schools) ) of the 61 children tested were positive and 19 remained negative, although in most of the negatives some re-action was evident but not sufficient to record as positive. We have, therefore, the final figure of 19 children (10 boys and 1 girl from the Council's schools and 2 boys and 6 girls from the independent schools) who must be recorded as completely negative. This gives a reversion rate of at least 4% which is much higher than is ordinarily expected. The following table (B) shews in detail results of the survey.

TABLE A.

## SUMMARY OF SURVEY RE PREVENTION OF TUBERCULOSIS ON CHILDREN BORN DURING 1942 ATTENDING EXETER SCHOOLS.

(A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin. (B) Using Mantoux Test and P.P.D. Tuberculin.

SCHOOLS	Method	No. of Consent Forms sent out	No. accepted ALL the tests	Referred to Chest Physician	Absent for Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C.G. Vaccination		Post Vaccination Tuberculin Test			Ulcers	M.M.R. X-Ray*		
							Positive	Negative	Inoc.	Absent	Positive	Negative	Absent	Over 10 mms.	Satis.	Not Satis.	Absent
L.E.A. : Girls ... ..	" A "	421	346 (82%)	12	11	323 (93%)	45 (14%)	278 (86%)	278	—	264	—	14	—	322	1	11
Boys .... ..	" B "	416	337 (81%)	9	9	319 (95%)	29 (9%)	290 (91%)	288	2	279	—	9	2	304	—	24
TOTAL L.E.A. SCHOOL CHILDREN ....	" A " & " B "	837	683 (82%)	21	20	642 (94%)	74 (11%)	568 (89%)	566	2	543	—	23	2	626	1	35
INDEPENDENT : Girls ... ..	" B "	163	118 (72%)	2	3	113 (96%)	11 (10%)	102 (90%)	102	—	101	—	1	1	111	—	5
Boys .... ..	" B "	91	65 (71%)	—	2	63 (97%)	9 (14%)	54 (86%)	54	—	53	—	1	—	64	—	1
TOTAL INDEPENDENT SCHOOL CHILDREN	" B "	254	183 (72%)	2	5	176 (96%)	20 (11%)	156 (89%)	156	—	154	—	2	1	175	—	6
TOTAL MANTOUX CASES .... ..	" B "	670	520 (78%)	11	14	495 (95%)	49 (10%)	446 (90%)	444	2	433	—	11	3	479	—	30
GRAND TOTAL, 1955	" A " & " B "	1,091	866 (79%)	23	25	818 (94%)	94 (11%)	724 (89%)	722	2	697	—	25	3 (0.4%)	801	1	41
GRAND TOTAL, 1954	—	1,034	917 (89%)	36	19	862 (94%)	153 (18%)	709 (82%)	701	8	682	1	18	2 (0.3%)	844	6	15

\*25 Children attended for M.M.R. X-Ray who did not have the Tests.





**TABLE B.**  
**SUMMARY OF SURVEY OF THOSE CHILDREN (BORN 1941) WHO WERE GIVEN B.C.G.**  
**VACCINATION IN 1954.**  
**(A) Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin.**  
**(B) Using the Mantoux Test and P.P.D. Tuberculin.**

SCHOOLS	Method	Given B.C.G. in 1954	1955 Accepted Re-Test	Absent for Test	Actually Tested	Tuberculin Test		M.M.R. X-Ray*	
						Positive	Negative	Satis.	Absent
L.E.A.:									
Girls	"A"	249	210 (84%)	5	205	202 (98.5%)	3 (1.5%)	198	11
Boys	"B"	316	264 (83%)	4	260	248 (95%)	12 (5%)	243	21
TOTAL L.E.A.	"A" & "B"	565	474	9	465	450	15	441	32
INDEPENDENT:									
Girls	"B"	89	76 (85%)	1	75	68 (91%)	7 (9%)	73	3
Boys	"B"	47	44 (93%)	1	43	41 (95%)	2 (5%)	43	1
TOTAL INDEPENDENT	"B"	136	120	2	118	109	9	116	4
TOTAL MANTOUX CASES	"B"	452	384	6	378	357	21	359	25
GRAND TOTAL	"A" & "B"	701	594 (85%)	11	583	559 (96%)	24 (4%)	557	36
									594

\*M.M.R. as part of the School Leavers' routine check.

### SCHOOL MEALS AND MILK REPORT, 1955.

I am indebted to the school meals organiser, (Miss C. Cusworth) for the following report.

The number of children taking meals gradually increased throughout the year, whilst the number taking milk decreased. The statistical return, requested by the Ministry of Education was as shown :—

Date	MILK		MEALS		
	No. of children taking milk	Percentage of school attendance	Children taking paid meals	Percentage of school attendance	Children having free meals
6/10/55 ....	8,383	88.23	3,023	36.09	406

During the major holidays, meals and milk were provided for necessitous children at two centres, Bradley Rowe School and Montgomery School.

Attendances were as shown :—

Holiday	Number on register for free meals	Average daily attendance	Percentage attendance of those eligible
Easter ....	525	200	38.09
Summer ....	487	174	35.73
Christmas ....	463	167	36.07

The charges for meals remained the same as last year, ranging from 9d. to 7d. according to the number of children in the family. Meals were supplied free to approximately 400 necessitous children per day. At the Nursery School the charge per meal remained at 6d.

Self-contained canteens operated at ten schools, viz. :—

1. Chestnut Avenue Nursery School.
2. Whipton Infants' School.
3. Summerway J.M. School.
4. Countess Wear J.M. & I. Schools.
5. The Priory Girls' S.M. School.
6. Secondary Technical School.
7. Bishop Blackall School.
8. Hele's School.
9. Bradley Rowe J.B., J.G. & I. Schools.
10. The Vincent Thompson Boys' S.M. School.

All other schools were served by either the Montgomery Area Kitchen or the Ladysmith Area Kitchen. In addition, meals were supplied to the Central Technical College, the College of Art Printing Department and to the Local Health Authority's Day Nurseries and Occupation Centre.

During the year a satisfactory report on the survey of the

School Meals Service in Exeter was received from the Ministry of Education.

### SAMPLE MENUS.

	WINTER	SUMMER
Monday	Beef Stew, Root Vegetables, Boiled Potatoes. Cherry Sponge, Custard.	Savoury Steak, Carrots, Potatoes. Steamed Jam Sponge, Custard.
Tuesday	Roast Beef, Cabbage, Boiled & Baked Potatoes. Apple Pudding, Custard.	Cornish Pasties, Grilled Tomatoes, Mashed Potatoes. Rice Pudding.
Wednesday	Cold Meat, Beans in Tomato Sauce, Mashed Potatoes. Ginger Sponge, Lemon Sauce.	Roast Meat, Cabbage, Baked Potatoes. Gooseberry Tart, Custard.
Thursday	Lancashire Hot Pot, Greens.  Orange & Custard Tart.	Cold Galantine of Beef, Lettuce & Tomato Salad, Dressing, Mashed Potatoes. Cabinet Pudding Jam Sauce.
Friday	Grilled Fish, Cauliflower, White Sauce, Mashed Potatoes. Bread & Butter Pudding.	Steak & Kidney Pie, Peas, Potatoes. Fruit in Jelly, Mock Cream.

**TABLE I.**

### Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (Including Special Schools).

#### A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants ... ..	876
Second Age Group ... ..	1,056
Third Age Group ... ..	538
<b>TOTAL ...</b>	<b>2,470</b>
Additional Periodic Inspections ... ..	1,204
<b>GRAND TOTAL</b>	<b>3,674</b>

#### B.—OTHER INSPECTIONS.

Number of special inspections ... ..	1,238
Number of re-inspections ....	1,740
<b>TOTAL ....</b>	<b>2,978</b>

## C.—PUPILS FOUND TO REQUIRE TREATMENT.

*Number of Individual Pupils found at Periodic Medical Inspections to require Treatment (excluding Dental Diseases and Infestation with Vermin).*

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants ....	10	156	143
Second Age Group ....	74	134	191
Third Age Group ....	42	100	124
Total ....	126	390	458
Additional Periodic Inspections ...	89	167	226
Grand Total ....	215	557	684

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31<sup>ST</sup> DECEMBER, 1955.

Defect Code No.	Defect or Disease  (1)	Periodic Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment (2)	Requiring to be kept under observation but <i>not</i> requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but <i>not</i> requiring Treatment (5)
4	Skin .....	198	99	273	8
5	Eyes— a. Vision .....	215	330	114	19
	b. Squint .....	—	19	1	—
	c. Other .....	15	12	28	15
6	Ears— a. Hearing .....	15	24	8	18
	b. Otitis Media .....	5	14	4	1
	c. Other .....	179	43	56	2
7	Nose or Throat .....	27	236	50	9
8	Speech .....	7	28	14	1
9	Cervical Glands .....	3	90	1	1
10	Heart and Circulation .....	2	30	—	2
11	Lungs .....	25	104	9	7
12	Developmental—				
	a. Hernia .....	1	14	—	—
	b. Other .....	6	43	—	4
13	Orthopaedic—				
	a. Posture .....	14	41	—	2
	b. Flat foot .....	3	18	1	—
	c. Other .....	36	199	23	7
14	Nervous System—				
	a. Epilepsy .....	1	7	1	3
	b. Other .....	1	9	1	3
15	Psychological—				
	a. Development .....	1	19	—	3
	b. Stability .....	5	23	23	9
16	Other .....	13	70	43	11
	TOTALS .....	772	1,472	650	125

**B.—CLASSIFICATION OF THE GENERAL CONDITION  
OF PUPILS INSPECTED DURING THE YEAR IN THE  
AGE GROUPS.**

Age Groups.	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .....	876	749	85.5	118	13.5	9	1.0
Second Age Group .....	1,056	796	75.4	252	23.9	8	0.7
Third Age Group .....	538	439	81.6	98	18.2	1	0.2
Other Periodics .....	1,204	925	76.8	271	22.5	8	0.7
<b>TOTAL</b> .....	<b>3,674</b>	<b>2,909</b>	<b>79.2</b>	<b>739</b>	<b>20.1</b>	<b>26</b>	<b>0.7</b>

**TABLE III.**

**INFESTATION WITH VERMIN.**

(i)	Total number of examinations in the schools by the school nurses or other authorized persons .....	21,607
(ii)	Total number of <i>individual</i> pupils found to be infested .....	205
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	22
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

**TABLE IV.**

**TREATMENT.**

*Group I.—Diseases of the Skin* (excluding uncleanness, for which see Table III).

					Number of cases treated or under treatment dur- ing the year	
					By the Authority	Otherwise
Ringworm—	(i) Scalp	.....	.....	.....	—	—
	(ii) Body	.....	.....	.....	—	1
Scabies .....		.....	.....	.....	8	—
Impetigo .....		.....	.....	.....	18	16
Other skin diseases .....		.....	.....	.....	466	116
<b>TOTAL</b> .....					<b>492</b>	<b>133</b>



*Group II.—Eye Diseases, Defective Vision and Squint.*

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint ....	204	70
Errors of refraction (including squint) ....	—	1,093
<b>TOTAL</b> ....	<b>204</b>	<b>1,163</b>
Number of pupils for whom spectacles were—		
(a) Prescribed ....	—	817
(b) Obtained ....	—	827

*Group III.—Diseases and Defects of Ear, Nose and Throat.*

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear ....	—	9
(b) for adenoids and chronic tonsillitis	—	140
(c) for other nose and throat conditions ....	—	6
Received other forms of treatment ....	363	405
<b>TOTAL</b> ....	<b>363</b>	<b>560</b>

*Group IV.—Orthopaedic and Postural Defects.*

(a) Number treated as in-patients in hospitals	36	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments ....	—	66

*Group V.—Child Guidance Treatment.*

	Number of cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
Number of pupils treated at Child Guidance Clinic ....	217	—

*Group VI.—Speech Therapy.*

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	101	—

*Group VII.—Other Treatment Given.*

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ....	2,391	295
(b) Other than above :		
(1) <i>Heart conditions</i> : including rheumatism and chorea ..	—	8
(2) <i>Lungs</i> : tuberculous and non-tuberculous conditions and bronchitis, etc. ....	—	137
(3) <i>Hernia</i> : and other developmental defects ..	—	5
(4) <i>Epilepsy</i> : and other nervous conditions ..	—	5
(5) <i>Miscellaneous</i> : glands, abdomen, appendicitis, influenza, fractures, urinary conditions, etc. ....	—	498
<b>TOTAL</b>	<b>2,391</b>	<b>948</b>

**TABLE V.****DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.**

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(a) Periodic age groups ....	5,144	
(b) Specials ....	1,744	
<b>TOTAL (1)</b>	<b>6,888</b>	
(2) Number found to require treatment ....	4,489	
(3) Number offered treatment ....	4,489	
(4) Number actually treated ....	3,118	
(5) Attendances made by pupils for treatment ....	7,035	
(6) Half-days devoted to :		
Inspection ....	57	
Treatment ....	932	
<b>TOTAL (6)</b>	<b>989</b>	
(7) Fillings :		
Permanent Teeth ....	4,292	
Temporary Teeth ....	392	
<b>TOTAL (7)</b>	<b>4,684</b>	
(8) Number of teeth filled :		
Permanent Teeth ....	3,631	
Temporary Teeth ....	344	
<b>TOTAL (8)</b>	<b>3,975</b>	
(9) Extractions :		
Permanent Teeth ....	979	
Temporary Teeth ....	3,791	
<b>TOTAL (9)</b>	<b>4,770</b>	
(10) Administration of general anaesthetics for extraction	1,947	
(11) Other operations :		
Permanent Teeth ....	1,473	
Temporary Teeth ....	15	
<b>TOTAL (11)</b>	<b>1,488</b>	



## EXETER EDUCATION COMMITTEE.

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SCHOOL HEALTH DEPARTMENT,  
1A, SOUTHERNHAY WEST,  
EXETER.

To the Parents of Children entering School.

### SCHOOL HEALTH SERVICE

Now that your child has entered one of the city's schools, we in the school health service are anxious to help in every way possible.

This service, which has been built up over the past 50 years, provides a complete medical examination in school approximately every three years; at each of these, you will be invited to be present to discuss with the doctor or the nurse any matter affecting your child's health. Special examinations are also carried out when necessary, at the request of yourself or the head of the school. Any child found to have a defect at any of these examinations is re-examined at intervals by the doctor; parents are not ordinarily invited to these "re-examinations."

Arrangements are made for children to have suitable treatment for anything found not quite normal and the following services, amongst others, are available:— dental treatment; treatment for minor ailments; treatment for speech defects; child guidance treatment, (for behaviour problems); consultation clinics; treatment, (through the Eye Infirmary) for defective vision; reference, with the agreement of the family doctor, to hospital specialists. In addition, opportunities are afforded where necessary, for severely handicapped children to attend special day or residential schools suited to their circumstances.

Details of the various school health clinics are given overleaf.

The school dental service also inspects children and offers dental treatment regularly from school entry onward; you will be given details about your child's needs by the council's principal dental officer.

Although immunisation has almost eliminated diphtheria, we must continue this work energetically, and I cannot emphasise too strongly the importance of your child having a "booster" or reinforcing dose about the time (s)he begins to attend school, to keep up the immunity gained by immunisation in infancy. This reinforcing dose can be given, as you prefer, by your own family doctor or at school.

Another disease which we are hoping to eliminate is tuberculosis. Testing school entrants to see if they have ever been

infected, (though this does not necessarily mean the child is suffering from the disease) is one of the things which is likely to help in stamping out tuberculosis. I hope to be able to arrange for this to be done at school, subject to your consent at the time.

Yours truly,

E. D. IRVINE,

*Principal School Medical Officer.*

### **INFORMATION REGARDING SPECIAL CLINICS**

#### **Minor Ailments Clinics**

- \*CENTRAL CLINIC—1a, Southernhay West :  
Every weekday morning 9.15—11 a.m.  
School doctor in attendance every Monday, Wednesday and Friday morning.
- \*EASTERN BRANCH CLINIC—Shakespeare Road Community Centre  
Every school morning 9.15—11 a.m.  
School doctor in attendance on Thursday mornings only.
- \*WESTERN BRANCH CLINIC—Merrivale Road Community Centre  
Every school morning 9.15—11 a.m.  
School doctor in attendance on Thursday mornings only.
- \*NORTHERN BRANCH CLINIC—Whipton Health Clinic  
Every school afternoon 2—3 p.m.  
School doctor in attendance on Wednesday afternoons only.
- BRANCH CLINIC—Stoke Hill Junior Mixed School  
Every school morning 9.15—10.30 a.m.
- \*Consultation with school doctor by appointment at any of these clinics.*

Branch Minor Ailments Clinics are closed on Saturdays and school holidays. The Central School Clinic is open all the year (except Bank Holidays).

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#### **Dental Clinics**

- CENTRAL CLINIC—1a, Southernhay West.  
9 a.m.—12.45 p.m. and 2 p.m.—4 p.m. by appointment.  
Saturday 9—12 noon by appointment.  
4.15—4.45 p.m. without appointment.
- NORTHERN CLINIC—Whipton Health Clinic.  
9 a.m.—12.45 p.m. and 2 p.m.—4 p.m. by appointment.  
4.15—4.45 p.m. without appointment.

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The dental clinics are shut on public holidays : The Northern Dental Clinic is not open on Saturdays.